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MANUAL
FOR THE
MEDICAL DEPARTMENT
OF THE
UNITED STATES NAVY

1917

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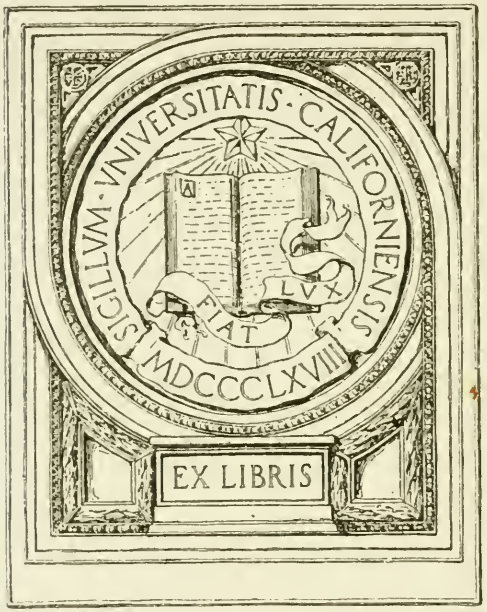
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MANUAL FOR THE MEDICAL DEPARTMENT

OF THE

UNITED STATES NAVY

PUBLISHED BY THE BUREAU OF MEDICINE AND SURGERY
UNDER THE AUTHORITY OF THE
SECRETARY OF THE NAVY

WASHINGTON
GOVERNMENT PRINTING OFFICE
1917

BUREAU OF MEDICINE AND SURGERY,
NAVY DEPARTMENT,
Washington, D. C., August 1, 1917.

This Manual for the Medical Department of the United States Navy is published for the guidance of the Medical Department. Nothing herein shall be construed as superseding, amending, or modifying the United States Navy Regulations and Naval Instructions; and this manual shall be subject to amendment by circulars issued by the bureau, and by general orders issued hereafter by the department.

W. C. BRAISTED,
Surgeon General, U. S. Navy.

Approved:
JOSEPHUS DANIELS,
Secretary of the Navy.

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MANUAL FOR THE MEDICAL DEPARTMENT, UNITED STATES NAVY.

CHAPTER 1.

THE BUREAU OF MEDICINE AND SURGERY.

SECTION 1.—LAWS RELATING TO THE ESTABLISHMENT OF BUREAUS; CHIEFS OF BUREAU AND ASSISTANT CHIEFS OF BUREAU.

1. Establishment of bureaus. Sec. 419, R. S.[1] (R[1] 103 (1)); act Aug. 22, 1912.
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21. Estimates for expenses. Sec. 430, R. S.
22. Manner of communicating estimates. Secs. 3660 to 3671, R. S.; acts July 7, 1884, sec. 2; and June 22, 1906, sec. 4.
23. Classification in Book of Estimates. Act. Feb. 23, 1881.
24. Requisites for estimates for appropriations for public works. Sec. 3663, R. S.
25. Estimates to be submitted to Congress. Sec. 3669, R. S.
26. Department estimates to be furnished before October 15, annually. Sec. 5, act Mar. 3, 1901.

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[1] R. S. indicates Revised Statutes, edition of 1878; R indicates Regulations and I indicates Instructions, both referring to the U. S. Navy Regulations and Naval Instructions, 1913. (Regulations for the Government of the Navy of the United States, 1913.)

27. Secretary of the Treasury to make estimates if none furnished. Sec. 5, act Mar. 3, 1901.
28. What statements shall accompany estimates. Sec. 3670, R. S.
29. What additional explanations are required. Sec. 3664, R. S.
30. Amount of outstanding appropriations to be designated. Sec. 3665, R. S.
31. Items of expenditure to be specified in estimates and accounts. Sec. 3666, R. S.

Section 4.—Instructions Relating to the Preparation of Estimates (blank forms).

41. The Treasury Department prepares and distributes among the several executive departments a blank estimate form, covering the estimates of appropriations for each of the bureaus in the different departments of the Government for the service of the next fiscal year.
42. A blank estimate form is provided which is filled out by the several bureaus before submitting their annual estimates for the consideration of the heads of their respective departments.
43. Estimates for salaries or compensation are always specified and are never combined with the estimates for general or contingent expenses, nor are contingent or general estimates items for salaries or compensation.
44. All estimates for contingent and general expenses pertaining to the bureau are included in the naval appropriation bill. Estimates for the salaries of all civil employees in the bureau are included in the legislative, executive, and judicial appropriation bill.
45. Estimates under the two appropriation bills are submitted by the bureau on separate estimate sheets.

Section 5.—Laws Relating to Appropriations.

51. Appropriations for Navy controlled by Secretary; for each bureau to be kept separately. Sec. 3676, R. S.
52. Applications of moneys appropriated. Sec. 3678, R. S.
53. No expenditures beyond appropriations. Sec. 3679, R. S., amended by act of February 27, 1906; (I 16).
54. Restrictions on contingent, etc., appropriations. Sec. 3682, R. S.
55. Drafts for War and Navy Departments. Sec. 3673, R. S.
56. Form of drawing and charging warrants. Sec. 3675, R. S.
57. Special appropriations available for two years. Sec. 3685, R. S.
58. Permanent indefinite appropriations. Sec. 3689, R. S.
59. Expenditure of balances of appropriations. Sec. 3690, R. S.
60. Disposal of balances after two years. Sec. 3691, R. S.
61. Unexpended balances to be covered into the Treasury. Act June 20, 1874; June 14, 1878.
62. Auditing accounts by Auditor for the Navy Department. Act July 31, 1894.
63. Method of fixing cost of work under naval appropriations. Act March 4, 1911.

Section 6.—Fixed and Specific Titles of Appropriations.

71. The annual appropriations included in the naval appropriation bill that pertain to the Bureau of Medicine and Surgery are classified under the following fixed titles:
(*a*) Medical Department.
(*b*) Contingent, Bureau of Medicine and Surgery.
(*c*) Transportation of remains.
72. The detailed objects of expenditures under the fixed titles are to be found in each annual digest of appropriations from which the following is abstracted:
Medical Department: For surgeons' necessaries for vessels in commission, navy yards, naval stations, Marine Corps, and for the civil establishment at

the several naval hospitals, navy yards, naval medical supply depots, Naval Medical School, Washington, and Naval Academy, and toward the accumulation of a reserve supply of medical stores.

Contingent, Bureau of Medicine and Surgery: For tolls and ferriages; care, transportation, and burial of the dead; purchase of books and stationery, binding of medical records, unbound books, and pamphlets; hygienic and sanitary investigation and illustration; sanitary and hygienic instruction; purchase and repairs of nonpassenger-carrying wagons, automobile ambulances, and harness; purchase of and feed for horses and cows; purchase, maintenance, repair, and operation of two passenger-carrying motor vehicles for naval dispensary, Washington, District of Columbia, to be used only for official purposes; trees, plants, care of grounds, garden tools, and seeds; incidental articles for the Naval Medical School and naval dispensary, Washington; naval medical supply depots, sick quarters at Naval Academy and marine barracks; washing for medical department at Naval Medical School and naval dispensary, Washington; naval medical supply depots, sick quarters at Naval Academy and marine barracks, dispensaries at navy yards and naval stations, and ships; and for minor repairs on buildings and grounds of the United States Naval Medical School and naval medical supply depots; rent of rooms for naval dispensary, Washington, District of Columbia, for the care, maintenance, and treatment of the insane of the Navy and Marine Corps on the Pacific coast, including supernumeraries held for transfer to St. Elizabeths Hospital for the Insane; for dental outfits and dental material and all other necessary contingent expenses.

Transportation of remains: To enable the Secretary of the Navy, in his discretion, to cause to be transferred to their homes the remains of officers and enlisted men of the Navy and Marine Corps, of members of the Nurse Corps, and of officers and enlisted men of the Naval Militia and National Naval Volunteers and the Naval Reserve Force when on active service with the Navy, who die or are killed in action ashore or afloat, and also to enable the Secretary of the Navy, in his discretion, to cause to be transported to their homes the remains of civilian employees who die outside of the continental limits of the United States: *Provided*, That no deduction shall hereafter be made from the six months' gratuity pay allowed under the naval act of August twenty-second, nineteen hundred and twelve, on account of expenses for funeral, interment, or for expenses of preparation and transportation of the remains: *Provided further*, That the sum herein appropriated shall be available for payment for transportation of the remains of officers and men who have died while on duty at any time since April twenty-first, eighteen hundred and ninety-eight, and shall be available until June thirtieth, nineteen hundred and eighteen.

73. Special diet as "surgeons' necessaries," is a charge against "Medical Department." Quarantine expenses are not a charge against the appropriations for the Bureau of Medicine and Surgery, but are charged to the appropriation "Pay, miscellaneous," or "Contingent, Marine Corps," as the circumstances require. Care of sick in hospital is a charge against "Naval hospital fund." Transportation of sick and insane patients is a charge against the Bureau of Navigation or the Marine Corps as the case may be.

74. In addition to the fixed titles, the Bureau of Medicine and Surgery, whenever the exigencies of the service require such action, submits through the Bureau of Yards and Docks with its annual estimates specific titles for disbursements coming under its cognizance, such as contruction of hospitals, naval medical supply depots, quarters for officers, and all other expenditures for which the fixed titles are not available and which can not be undertaken without being authorized by a special enactment.

75. The naval hospital fund is available for the maintenance of the naval hospitals at the various navy yards and stations and for care and maintenance of patients in other hospitals at home and abroad. (See chapter 22.)

CHAPTER 2.

THE MEDICAL CORPS AND THE NAVAL RESERVE FORCE.

Section 1.—Laws Relating to the Organization of the Medical Corps.

101. Medical Corps, number of. Sec. 1368, R. S.; acts Aug. 5, 1882, June 7, 1900, Mar. 3, 1903, Aug. 29, 1916.

102. Rank and title of medical officers. Sec. 1474, R. S.; acts Mar. 3, 1899, Mar. 3, 1903, Aug. 29, 1916.

103. Retired for age or length of service, rank. Sec. 1481, R. S.; acts of Mar. 3, 1899, May 13, 1908.

104. When retired for causes incident to service. Sec. 1482, R. S.; act Mar. 3, 1899.

Section 2.—Laws Relating to Appointments.

111. Appointments in, how made. Sec. 1369, R. S.

112. Citizenship. Sec. 1428, R. S.

113. Assistant surgeons, examination, age, etc. Sec. 1370, R. S., amended by act of May 4, 1898.

114. Assistant surgeons from date of original appointment take rank and precedence with lieutenants (junior grade). Act Aug. 29, 1916.

115. Acting assistant surgeons. Sec. 1411, R. S.; act Feb. 15, 1879.

116. Acting assistant surgeons, temporary service. Act May 4, 1898.

Section 3.—Navy Regulations Relating to Appointments.

121. Examining boards, R 331.

122. Composition of boards. R 332.

123. Appointments subject to examination. R 3301.

124. Candidates for assistant surgeon. R 3305.

125. Forfeiture for nonappearance. R 3319.

126. Penalty for false certificate. R 3320.

127. Acceptance and oath of office. R 3321.

128. Expenses of candidates. R 4540.

Section 4.—General Instructions Relating to Professional Examinations for Appointment as Assistant Surgeon.

131. A candidate for appointment in the Medical Corps of the Navy is first examined for enrollment in the provisional grade of assistant surgeon, rank of lieutenant (junior grade), United States Naval Reserve Force. If found qualified, he is subsequently assigned to duty at the Naval Medical School for a course of instruction and training, during which he receives the pay and allowances of an assistant surgeon of the Navy. After completing the course at the Naval Medical School he is given a final examination, and if found qualified is recommended for commission as assistant surgeon in the Medical Corps of the Navy. Legislation establishing the United States Naval Reserve Force contains

in substance matter referable to commissioned grades in the Medical Corps as follows:

(*a*) A member must be a citizen of the United States, except the Naval Auxiliary Reserve.

(*b*) A member obligates himself, and may be ordered to serve in the Navy throughout a war or during the existence of a national emergency declared by the President should either arise during his term of enrollment.

(*c*) A member enrolls or reenrolls for a term of four years.

(*d*) In time of peace, and when no national emergency exists, a member may be discharged upon his own request upon reimbursing the Government for any clothing gratuity that may have been furnished during his current enrollment.

(*e*) A member is required to take the oath of allegiance to the United States.

(*f*) A member is given a provisional grade (assistant surgeon) upon first enrollment in accordance with his qualifications determined by examination.

(*g*) A member after enrolling may, in time of peace, upon his own request, be assigned active duty in the Navy for such periods of instruction and training as may enable him to qualify for and be confirmed in grade.

(*h*) For confirmation in grade a member must serve the minimum amount of active service required (three months) and must qualify by examination under regulations prescribed by the Secretary of the Navy.

(*i*) The minimum active service required for maintaining the efficiency of a member (Naval Coast Defense Reserve) is three months during each term of enrollment. This active service may be in one period or in periods of not less than three weeks each year.

(*j*) No person shall be appointed or commissioned an officer in any rank in any class of the United States Naval Reserve Force, or promoted to a higher rank therein, unless he shall have been examined and recommended for such appointment, commission, or promotion by a board of three naval officers not below the rank of lieutenant commander, nor until he shall have been found physically qualified by a board of medical officers to perform the duties required in time of war, except that former officers and midshipmen of the Navy who shall have left the service under honorable conditions and who shall have enrolled in the United States Naval Reserve Force may be appointed in the grade and rank last held by them without examination other than the physical examinations herein prescribed.

(*k*) A member receives retainer pay of $12 per annum while enrolled in a provisional grade, provided he makes such reports concerning his movements and occupation as may be required by the Secretary of the Navy. After confirmation in grade his annual retainer pay is two months' base pay of the corresponding rank in the Navy. Retainer pay is in addition to any pay to which a member may be entitled by reason of active service. Members of the Volunteer Naval Reserve do not receive any retainer pay.

(*l*) A member who reenrolls for a term of four years, within four months of expiration of last complete enrollment, and who has performed the minimum amount of active service required during the preceding term of enrollment, for each reenrollment receives an increase of 25 per cent of his base retainer pay. A member who completes 20 years of service, and who has performed the minimum amount of active service each term of enrollment, on his own application will be retired with rank held, with a cash gratuity equal to the total amount of his retainer pay during his last term of enrollment.

(*m*) A member may accept employment in any branch of the public service except as an officer or enlisted man in any branch of the military service of the United States or any State thereof.

(*n*) A member is subject to the laws, regulations, and orders for the government of the Regular Navy only during such time as he may by law be required to serve in the Navy in accordance with his obligation, and when on active service at his own request, and when employed in authorized travel to and from such active service in the Navy.

(*o*) A distinctive badge or button will be issued to be worn only by members of the United States Naval Reserve Force. A penalty is assigned for unauthorized use of this emblem.

(*p*) A member actively employed receives the same pay and allowances, gratuities, and other emoluments as an officer of the naval service on active duty of corresponding rank and of the same length of service. When not actively employed a member is not entitled to pay, bounty, gratuity, or pension, except as expressly provided by the provisions of the act.

(*q*) When first reporting for active service for training during each period of enrollment, officers are credited with a uniform gratuity of $50, except the Volunteer Naval Reserve. In time of war or national emergency they are credited with $150, less the amount previously credited, if any, during the current enrollment.

(*r*) The various grades not above lieutenant commander in rank corresponding to those in the Navy are allowed. Officers in the United States Naval Reserve Force rank with, but after, officers of corresponding rank in the Navy. Officers are commissioned by the President.

132. (*a*) Enrollment in the United States Naval Reserve Force, with a view to subsequent appointment in the Medical Corps of the United States Navy, shall be made in the Naval Coast Defense Reserve, class 4, United States Naval Reserve Force; or, Volunteer Naval Reserve for duty in the Naval Coast Defense Reserve, class 4, United States Naval Reserve Force. (Members of the Volunteer Naval Reserve receive no retainer pay or uniform gratuity in time of peace, but when on active duty they receive the pay of their grade and service.)

(*b*) A candidate for appointment in the Medical Corps of the United States Navy must be a citizen of the United States, between 21 and 32 years of age, and a graduate of a reputable school of medicine.

(*c*) The application must be in the handwriting of the applicant and according to the following form:

_____,
(Residence.)
_____, 19__.

SIR: I request permission to be examined for enrollment in the provisional grade of assistant surgeon, rank of lieutenant (junior grade), in the Naval Coast Defense Reserve, class 4, United States Naval Reserve Force, with a view to subsequent examination for appointment in the Medical Corps of the United States Navy.[1]

I was born at _____, and was _____ years of age on the _____ day of _____, 19__; and am a citizen of the United States, residing in _____, county of _____, in the State of _____, and graduated from _____ Medical School in 19__.

I forward herewith letters testifying to my moral character, habits, citizenship, preliminary education, and professional qualifications.

Very respectfully,

_____.
(Name in full, written legibly.)

CHIEF OF THE BUREAU OF MEDICINE AND SURGERY,
Navy Department, Washington, D. C.

(*d*) The above application must be accompanied by the following certificates:

(*a*) Letters or certificates from two or more persons of good repute, testifying from personal knowledge to good habits and moral character.

(*b*) A certificate or statement from some person of good repute that the applicant is a citizen of the United States. In case the applicant is a naturalized citizen of the United States, his naturalization papers, or other satisfactory evidence of citizenship, must be submitted.

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[1] When directed, the applicant should substitute the words "Volunteer Naval Reserve for duty in the Naval Coast Defense Reserve, class 4, United States Naval Reserve Force" for the words "Naval Coast Defense Reserve, class 4, United States Naval Reserve Force."

(*c*) Certificate of preliminary education: The candidate must submit a certificate of graduation from an accepted high school or an acceptable equivalent.

(*d*) Certificate of medical education: This certificate should give the name of the school and the date of graduation.

(*e*) If the candidate has had hospital service or special educational or professional advantages, certificate to this effect, signed by the proper authorities, should also be forwarded.

(*f*) The applicant will save unnecessary correspondence if he will make sure when submitting his application that the qualifications enumerated above are clearly and plainly described in his letters or certificates.

133. After passing upon the credentials of the candidate the Bureau of Medicine and Surgery will issue a permit to the candidate to appear for provisional physical and professional examination before one or more medical examiners designated by the Bureau of Medicine and Surgery via the commandant or commanding officer. The permit is effective for a stated period, and directs the candidate to communicate with the senior medical examiner, who informs the candidate of the date and local place of examination. An effort will be made to select a place for the examination as near as possible to the place of residence of the candidate.

Medical examiners to conduct the provisional examination are usually in session frequently at the following naval stations:

Washington, D. C.	Great Lakes (North Chicago), Ill.
Boston, Mass.	Mare Island, Cal.
New York, N. Y.	Puget Sound, Wash.
Philadelphia, Pa.	Fort Lyon, Colo.
Norfolk, Va.	Portsmouth, N. H.
Charleston, S. C.	

134. After examination a successful candidate is enrolled in the provisional grade of assistant surgeon, rank of lieutenant (junior grade), in the United States Naval Reserve Force, and afterwards attends a course of instruction and training at the Naval Medical School, Washington, D. C. A course begins annually about September 1, and lasts about four months. A second session usually begins in January and lasts until late in May. After receiving his certificate of enrollment and taking the oath of allegiance, the newly enrolled officer should forward through his commanding officer his request for active duty in attendance at the Naval Medical School for a course of instruction and training.

135. The entrance examination for the Medical Corps thus consists of two parts—the preliminary, prior to appointment in the Naval Reserve Force, and the final, after assignment to duty at the Naval Medical School.

136. Members of each class, upon graduating from the Naval Medical School, will be commissioned in the order of merit as determined upon final examination, but not in excess of the number of vacancies in the Medical Corps.

137. Since no officer can be commissioned in the Medical Corps who is over 32 years of age, permits will not be issued to applicants who can not complete the prescribed course at the Naval Medical School and obtain their appointment while within the age limit.

138. When a candidate presents himself for examination he must bring with him the testimonials as to character and professional fitness, diplomas and other certificates, and certificate or statement that he is a citizen of the United States, those forwarded with his application having been returned to him for this purpose.

139. (*a*) The physical examination is thorough and the candidate is required to certify that he is free from all mental, physical, and constitutional defects.

(*b*) Acuteness of vision, 12/20 for each eye, unaided by glasses, but capable of correction by aid of lenses to 20/20, is obligatory. Color perception must be normal and the teeth good.

(*c*) If the candidate is found to be physically disqualified, his examination is concluded, but in the case of a candidate otherwise desirable the medical examiners may recommend that minor disqualifications or departures from standard be waived and proceed with the professional examination, subject to final approval by the department; if found to be physically qualified, his examination is continued as follows:

140. Professional examination.—(*a*) Letter to the medical examiners, giving a brief statement of the candidate's general and professional education.

(*b*) Written examination (*a*) anatomy, (*b*) physiology, (*c*) materia medica and therapeutics, (*d*) general medicine, (*e*) general surgery, and (*f*) obstetrics. Two or more questions are asked in each subject.

(*c*) An oral examination is conducted in each of the above enumerated subjects.

(*d*) The medical examiners will give careful consideration to composition and spelling as shown in the written papers submitted by the candidates.

(*e*) Seventy-five per cent is required as a general average.

With the consent of the medical examiners a candidate may withdraw at any time from further examination and may at a future time present himself for reexamination, provided such examination is not delayed until after the date that his permit would expire.

141. (*a*) A candidate failing in the provisional examination with a view to subsequent appointment in the Medical Corps of the United States Navy may be found qualified for provisional enrollment (not with a view to subsequent appointment in the Medical Corps of the United States Navy), or may apply for a reexamination, but such reexamination will not be granted until after a period of six months has elapsed since the last examination.

(*b*) No allowance will be made for the expense of candidates appearing for examination.

(*c*) If the medical examiners find the candidate duly qualified physically and professionally for enrollment in the provisional grade of assistant surgeon, rank of lieutenant (junior grade), Naval Coast Defense Reserve, class 4, United States Naval Reserve Force, with a view to subsequent appointment in the Medical Corps of the United States Navy; or, Volunteer Naval Reserve for duty in the Naval Coast Defense Reserve, class 4, United States Naval Reserve Force, with a view to subsequent appointment in the Medical Corps of the United States Navy, it will immediately forward a report and recommendation to this effect direct to the Bureau of Medicine and Surgery, together with the certificate of the candidate as to his physical condition, the personal and physical data form, the examination papers of the candidate, and the letter of the candidate to the medical examiners. A report and recommendation will also be made when a candidate is found not qualified.

(*d*) After approval of the record of examination and the recommendation of the medical examiners in the case of a qualified candidate, the Bureau of Medicine and Surgery will recommend to the Bureau of Navigation the provisional enrollment of the candidate in the United States Naval Reserve Force.

(*e*) A member of the United States Naval Reserve Force may transfer to or from the Volunteer Naval Reserve upon approval by the Bureau of Navigation of his request to this effect.

142. Final examination (Naval Medical School).—(*a*) The final physical examination is thorough in character. No person will receive an appointment whose physical condition may indicate the possibility of early retirement for disability.

(*b*) The professional examination will be on the subjects embraced in the course of instruction, such as naval and general hygiene, naval and operative surgery, tropical medicine and pathology, medical zoology, practical chemistry, bacteriology and serology, ophthalmology, Naval Regulations, Hospital Corps drills, and duties of the medical officer afloat and ashore.

(*c*) During the course of instruction the character, habits, and general deportment of student officers are closely observed. If it appears during a candi-

date's attendance at the school that his appointment in the Medical Corps would be undesirable, he will be relieved from active duty and his discharge from the Naval Reserve Force recommended.

143. The board for the final examination is required under oath to report on the physical, mental, moral, and professional qualifications of the candidate.

144. A successful candidate upon completion of his school examination will be notified of the result by the president of the board.

145. A candidate who at the final examination is found not fully qualified professionally, but physically, mentally, and morally qualified, may apply for active service (at sea) with a view to enabling him further to establish his qualifications for confirmation in grade as assistant surgeon, United States Naval Reserve Force. After performing the additional amount of active service thus required (at sea), he will be examined physically and professionally before a statutory board. The professional examination may be limited to his service record if the board is satisfied that the candidate is qualified to perform his duties as a member of the United States Naval Reserve Force.

146. No candidate will be given the course at the Naval Medical School more than once.

147. A candidate who is provisionally enrolled in the United States Naval Reserve Force with a view to subsequent appointment in the Medical Corps of the Navy, before the course of instruction at the Naval Medical School begins, may upon application be assigned to active duty at some shore station with full pay and allowances pending his detail to the Naval Medical School, should his instruction be considered desirable.

SECTION 5.—NAVY REGULATIONS AND NAVAL INSTRUCTIONS RELATING TO EXAMINATIONS FOR APPOINTMENT AS ACTING ASSISTANT SURGEON. (*See* R 3305 (2).) (Sec. 1411, R. S.; act of May 4, 1898.)

151. The physical and professional examination of candidates for appointment as acting assistant surgeons shall conform in general to that prescribed in the regulations and instructions relating to the examination of candidates for appointment as assistant surgeons, Naval Reserve Force.

152. Service dress and white service dress uniforms only are required for acting assistant surgeons. (*See* Uniform Regulations, U. S. Navy, 1913, par. 6 (*a*).)

SECTION 6.—LAWS RELATING TO PROMOTION.

161. Rank of assistant surgeon in case of delayed examination. Sec. 1372, R. S.

162. Passed assistant surgeon, promotion on examination. Act of Feb. 13, 1897.

163. Appointment of surgeons. Sec. 1371, R. S.; act Feb. 13, 1897.

164. Physical and professional examination for promotion. Secs. 1493–1510, R. S.; acts June 18, 1878, Aug. 5, 1882.

165. An officer failing to pass the physical examination for promotion shall be retired with the rank to which his seniority entitles him. Act Mar. 4, 1911.

166. An officer failing to pass professionally in an examination for promotion is suspended from promotion for at least six months and loses numbers equal to the average six months' rate of promotions for the preceding five fiscal years. R. S. 1505; act of Mar. 11, 1912.

167. Officers of the lower grades are advanced in rank up to and including the rank of lieutenant commander with the officers of the line with whom or next after whom they take precedence. (Act of Aug. 29, 1916.)

168. All laws relating to the examination of officers of the Navy for promotion apply to the regular advancement of staff officers to higher ranks on the active list, the same as though such advancements in rank were promotions to higher grades. (Act of Mar. 4, 1917.)

169. Section 20, act approved May 22, 1917, provides "That hereafter all laws relating to the examination of officers of the Navy for promotion shall be construed to apply to the regular advancement of staff officers to higher ranks on the active list the same as though such advancements in rank were promotions to higher grades: *Provided*, That examinations for such staff officers shall not be required except for such regular advancements in rank: *Provided further*, That the President be, and he is hereby, authorized to direct the Secretary of the Navy to take such action on the records of proceedings of naval examining boards and boards of naval surgeons for the promotion of officers of the Navy as is now required by law to be taken by the President."

SECTION 7.—NAVY REGULATIONS AND NAVAL INSTRUCTIONS RELATING TO PROMOTIONS.

171. Convening of board. R 331 (1).
172. Physical examination precedes professional. R 331 (2).
173. Procedure upon finding physical disabilities. R 331 (3-4).
174. Composition of boards. R 332.
175. Organization and procedure. R 334.
176. Onus of establishing fitness. R 334 (10).
177. Eligibility for promotion. R 3331.
178. Examinations on foreign stations. R 3333.
179. Reports of fitness. I 707.
180. Health record on promotion. I 3257; I 708.

SECTION 8.—INSTRUCTIONS RELATING TO THE PROFESSIONAL EXAMINATION FOR PROMOTION OF ASSISTANT SURGEONS TO THE GRADE OF PASSED ASSISTANT SURGEON.

191. Officers undergoing examination from the grade of assistant surgeon are not examined orally except in explanation of written and practical work.

192. The written examination shall embrace the following subjects:

(*a*) Letter to the board, giving an account of general and professional duties since admission to the service.

(*b*) Examinations in the following subjects, the order of which may be varied at the discretion of the board: Anatomy (regional and surgical), physiology, pathology, materia medica and therapeutics, general medicine, general surgery, obstetrics, general and naval hygiene, Navy regulations, naval instructions, and Manual for the Medical Department, United States Navy.

193. Assistant surgeons are also examined in the following subjects:

Practical operative surgery.

Clinical medicine (cases in wards and recording clinical cases in medical records).

Practical work in laboratory, including chemistry, bacteriology, hygiene, medicine, and pathology.

Bandaging and the application of splints.

Recognition of surgical instruments and appliances.

SECTION 9.—INSTRUCTIONS RELATING TO THE PROFESSIONAL EXAMINATION OF PASSED ASSISTANT SURGEONS FOR PROMOTION TO GRADE OF SURGEON. (See also paragraph 168.)

201. In the promotion of medical officers from the grade of passed assistant surgeon to surgeon, written examinations are required on the following subjects, the order of which may be varied at the discretion of the board:

General and naval hygiene.

Clinical medicine, including recent progress in etiology, pathology, and therapeutics.

Military surgery, including new operative procedures, and familiarity with the technique of aseptic surgery.

Navy Regulations and Naval Instructions, so far as they relate to the Medical Department or to the medical officer as an officer of the Navy and the Manual for the Medical Department.

202. Passed assistant surgeons on promotion are also examined practically on the same subjects as assistant surgeons for promotion. (See par. 193.)

SECTION 10.—INSTRUCTIONS RELATING TO THE PROFESSIONAL EXAMINATION OF SURGEONS FOR PROMOTION.

211. In the promotion of medical officers from the grade of surgeon to medical inspector the professional examination shall comprise the following subjects:

Duties of fleet surgeon, including the inspection of ships and hospitals and the sanitation of fleet, barracks, and camps.

Administration and fitting out of hospitals and hospital ships.

Hospital plans and construction.

Duties at supply depots, including the purchase, transportation, distribution, and issue of medical supplies.

A medico-naval problem. Example: Organization of Medical Department of the fleet during war, including organization of ambulance parties of the landing force. The use of a library for reference will be permitted and adequate time allowed for a satisfactory solution of any problem submitted to the candidate.

SECTION 11.—INSTRUCTIONS RELATING TO THE PROFESSIONAL EXAMINATION OF MEDICAL INSPECTORS FOR PROMOTION.

221. In the promotion of medical officers from the grade of medical inspector to medical director, the professional examination shall be based upon:

Record of the officer undergoing examination.

Thesis on some professional subject which has been a matter of study or observation by him since his last examination.

Examination on such additional subjects as may be deemed advisable by the board in the case of any medical inspector, should such procedure be considered necessary in order definitely to determine the candidate's qualifications for promotion.

SECTION 12.—INSTRUCTIONS RELATING TO THE NAVAL RESERVE FORCE. (ACT OF AUG. 29, 1916.)

231. A candidate for enrollment as a medical officer is first examined for enrollment in the provisional grade of assistant surgeon, rank of lieutenant (junior grade), United States Naval Reserve Force. Afterwards, if his enrollment is accomplished, should he so desire, he makes request for active duty for confirmation in grade, and after the completion of a minimum period of three months' active service (at sea) he is again examined, and if found qualified is recommended for a commission as an assistant surgeon, United States Naval Reserve Force.

232. Detailed information as to the obligations, emoluments, and necessary qualifications for enrollment in general will be found in paragraph 131 (*a–r*).

251. (*a*) Enrollment of persons (not previously connected with the Regular Navy), except enrollments in the Naval Auxiliary Reserve, class 3, United States Naval Reserve Force, as assistant surgeons, United States Naval Reserve Force, shall be made in the Naval Coast Defense Reserve, class 4, or Volunteer Naval Reserve for duty in the Naval Coast Defense Reserve, class 4, United States Naval Reserve Force. (Members of the Volunteer Naval Reserve receive no retainer pay or uniform gratuity in time of peace, but when on active duty they receive the service pay of their grade and service.)

(*b*) Citizens of the United States or of its insular possessions of the seagoing profession who shall have been or may be employed on American vessels of the merchant marine of suitable type for use as naval auxiliaries, and which shall have been listed as such by the Navy Department for use in war, shall be eligible for membership in the Naval Auxiliary Reserve as assistant surgeons, subject to the examinations hereinafter prescribed. Their annual retainer pay after confirmation is one month's base pay of the corresponding rank in the Navy.

(*c*) A candidate for enrollment as above must be between 21 and 44 years of age and a citizen of the United States, except as noted above with reference to the Naval Auxiliary Reserve. He must be a graduate of a reputable medical school, legally authorized to confer the degree of doctor of medicine.

252. Application for enrollment must be made in the handwriting of the applicant according to the following form:

_____,
(Residence.)
_____, 19__.

SIR: I request permission to be examined for enrollment in the provisional grade of assistant surgeon, rank of lieutenant, junior grade, Naval Coast Defense Reserve, class 4, United States Naval Reserve Force.[1]

I was born at _____, and was _____ years of age on the _____ day of _____, 191__; graduated from _____ medical school in 19__, was licensed to practice medicine in the State of _____.

I am a citizen of the United States, residing in _____, county of _____, in the State of _____.

I forward herewith letters testifying to my moral character, habits, citizenship, preliminary education, medical education, society membership, license to practice medicine, and professional qualifications.

Very respectfully,

_____
(Name in full, written legibly.)

CHIEF OF THE BUREAU OF MEDICINE AND SURGERY,
Navy Department, Washington, D. C.

253. The above application must be accompanied by the following certificates:

(*a*) Letters or certificates from two or more persons of good repute, testifying from personal knowledge to good habits and moral character.

(*b*) A certificate or statement from some person of good repute that the applicant is a citizen of the United States. In case the applicant is a naturalized citizen of the United States his naturalization papers or other satisfactory evidence of citizenship must be submitted.

(*c*) Certificate of preliminary education. The candidate must submit a certificate of graduation from an accepted high school or an acceptable equivalent.

(*d*) Certificate of medical education. This certificate should give the name of the school and the date of graduation.

(*e*) A certificate from the president or secretary of a State or local medical society to the effect that the applicant is a member in good standing.

(*f*) A certificate of license to practice medicine.

(*g*) If the candidate has had hospital service or special educational or professional advantages, certificates to this effect, signed by the proper authorities, should also be forwarded.

The applicant will save unnecessary correspondence if he will make sure when submitting his application that the qualifications enumerated above are clearly and plainly described in his letters or certificates.

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[1] When directed, the applicant should substitute the words "Volunteer Naval Reserve for duty in the Naval Coast Defense Reserve, class 4, United States Naval Reserve Force," for the words "Naval Coast Defense Reserve, class 4, United States Naval Reserve Force."

254. (*a*) After passing upon the credentials of the candidate the Bureau of Medicine and Surgery will issue a permit to the candidate, effective for a stated period, to appear before one or more medical examiners designated by the bureau via the commandant or commanding officer for his provisional physical and professional examination. The permit will direct the candidate to communicate with the senior medical examiner as to the date and place of examination. An effort will be made to select the place of examination as near as possible to the place of residence of the candidate.

(*b*) When a candidate presents himself for examination on the date fixed by the senior medical examiner, he must bring with him the testimonials as to character, habits, citizenship, preliminary education, medical education, membership in a State or local medical society, license, and letters describing professional qualifications, those forwarded with his application being returned to him for this purpose.

255. The examination is conducted in the following order: I. Physical. II. Professional.

(*a*) The physical examination is that described in paragraph 139. In the case of candidates for the Naval Reserve Force alone the minimum height required is 64 inches. (See also paragraph 2107.)

(*b*) Professional examination.—(*a*) Letter to the board describing in detail his general and professional education.

(*b*) Examination of diplomas, certificates of State boards, certificates of membership in medical societies, letters, and such other recommendations or certificates bearing upon the professional qualifications of the applicant as he may desire to submit.

(*c*) The candidate will be expected to pass an oral examination as follows:

(*a*) Practice of medicine, to include the etiology, pathology, symptomology, diagnosis, prognosis, and treatment of disease.

(*b*) Practice of surgery, to include surgical anatomy, surgical pathology, general, military, and naval surgery.

(*c*) General hygiene, to include personal hygiene, preventable diseases, clothing and equipment, water supply, food, disposal of waste, air, ventilation, heating, lighting, camp sanitation, and quarantine.

The oral examination will be sufficiently comprehensive to determine whether the candidate is qualified to practice medicine under the usual service conditions.

256. Due credit will be given for knowledge and experience in the case of candidates who have specialized in certain branches, and the examination may be modified accordingly. A successful candidate, upon the completion of his examination, will be notified by the president of the board that he has been found qualified. The board will assign an average mark based on a passing mark of 75 per cent.

257. With the consent of the medical examiners, a candidate may withdraw at any period from further examination and may at a future time present himself for reexamination, provided that such examination is not delayed until after the date that his permit would expire.

258. No allowance will be made for the expenses of persons appearing for examination.

259. If the medical examiners find the candidate duly qualified physically and professionally for enrollment in the provisional grade of assistant surgeon, rank of lieutenant, junior grade, Naval Coast Defense Reserve, class 4, United States Naval Reserve Force; or Volunteer Naval Reserve for duty in the Naval Coast Defense Reserve, class 4, United States Naval Reserve Force; they will immediately forward a report and recommendation to this effect direct to the Bureau of Medicine and Surgery, together with the certificate of the candidate as to his physical condition, the personal history and physical data form, and the letter of the candidate to the medical examiners. A report and recommendation will also be made when a candidate is found disqualified.

260. After approving the record of examination and the recommendation of the medical examiners in the case of a qualified condidate, the Bureau of Medi-

cine and Surgery will recommend to the Bureau of Navigation the provisional enrollment of the candidate in the United States Naval Reserve Force.

261. A member of the United States Naval Reserve Force may transfer to or from the Volunteer Naval Reserve upon approval by the Bureau of Navigation of his request to this effect.

262. Confirmation in grade: Assistant surgeons provisionally enrolled in the Naval Coast Defense Reserve, class 4, United States Naval Reserve Force; or Volunteer Naval Reserve for duty in the Naval Coast Defense Reserve, United States Naval Reserve Force, who apply to the Bureau of Navigation via their commanding officer for permission to perform the minimum amount of active service required (at sea) for confirmation in grade, and who after completing the active service required request permission to be examined for confirmation in grade, will be issued a permit to appear for examination at a designated place before a statutory board appointed for this purpose.

263. (*a*) The physical examination is that described in paragraph 255.

(*b*) Professional examination.—(*a*) Letter to the board, giving a brief statement of the candidate's general and professional education.

(*b*) Examination of active service record.

(*c*) Knowledge of Navy Regulations and Instructions, General Orders, and Manual for the Medical Department, appropriate to grade; medical department duties during emergency drills, such as fire, collision, abandon ship, battle stations, etc.

(*d*) Written examination in (*a*) anatomy, (*b*) physiology, (*c*) materia medica and therapeutics, (*d*) general medicine, (*e*) general surgery, and (*f*) obstretrics. Two or more questions are asked in each subject.

(*e*) An oral examination is conducted in each of the above enumerated subjects.

(*f*) The board will give careful consideration to composition and spelling as shown in the written papers submitted by the candidate, and to his service record.

(*g*) Seventy-five per cent is required as a general average.

264. Those assistant surgeons provisionally enrolled in the United States Naval Reserve Force, who have been found duly qualified for confirmation in grade, and who will be within the age limit of 32 years at the end of the Naval Medical School course and on receipt of commission, may apply to the Bureau of Navigation via the Bureau of Medicine and Surgery for permission to enter the Naval Medical School with a view to further instruction and training, and to subsequent appointment as assistant surgeon, Medical Corps, United States Navy. If authorized to attend the course for this purpose no examination will be required until the course is finished, when the officer will be examined physically and professionally for appointment as assistant surgeon, United States Navy.

265. Medical officers enrolled in the United States Naval Reserve Force shall be appointed in time of peace not to exceed 500 in number. To provide for promotion, medical officers who reenroll within four months after the termination of each enrollment, and who have performed the minimum amount of active service required (at sea), each enrollment, may receive promotion to the rank of lieutenant on third enrollment, and to the rank of lieutenant commander on the fifth enrollment, upon performing the minimum amount of active service required (at sea) in the new enrollment, provided they are found qualified physically and professionally on examination.

266. The uniform of officers of the Naval Reserve Force shall be service dress (blue and white), but uniforms will not be required except when such officers are assigned to active duty. Officers on the nonactive list may, however, provide themselves with uniforms and wear same upon appropriate occasions, if they so desire.

267. Assistant surgeons in the Naval Reserve Force who are assigned to duty in attendance upon a course of instruction at the Naval Medical School preliminary to final appointment in the regular corps will be required, during the

period of instruction, to provide themselves only with blue service uniform and sword.

SECTION 13.—INFORMATION REGARDING APPOINTMENT IN THE MEDICAL CORPS OF THE NAVAL MILITIA.

271. Naval Militia officers (Medical Corps) must be between the ages of 18 and 45 years on first entering the Naval Militia, but they may serve until they are 64 years of age, if their service in the Naval Militia is continuous.

272. When so authorized by the Navy Department, the examination may be wholly oral, but sufficiently comprehensive to determine whether the candidate is competent to practice medicine under the usual service conditions. If the oral examination in any subject is unsatisfactory, the applicant may be required to take a written and a practical examination in this subject. It is not the purpose, however, to authorize the oral examination except in instances where the Naval Militia is mustered for active service, and the approved professional standard has not been adopted by the State.

273. Examinations will be held in accordance with the instructions contained in General Order No. 153, page 29–31, and Appendices A and B.

CHAPTER 3.

THE DENTAL CORPS AND THE NAVAL RESERVE FORCE.

THE DENTAL CORPS.

SECTION 1.—LAWS RELATING TO THE DENTAL CORPS. (ACT AUG. 22, 1912; ACT MAR. 4, 1913; ACT AUG. 29, 1916.)

301. Dental surgeon at Naval Academy: The President is hereby authorized, by and with the advice and consent of the Senate, to appoint the dentist now at the United States Naval Academy a dental surgeon in the Navy for duty at the United States Naval Academy, to have the corresponding rank, pay, and allowance, as the senior dental surgeon now at the United States Military Academy: *And provided further*, That he shall not be eligible for retirement before he has reached the age of 70 years except for physical disability incurred in the line of duty. (Act Mar. 4, 1913.)

302. The President of the United States is hereby authorized to appoint and commission, by and with the advice and consent of the Senate, dental surgeons in the Navy at the rate of one for each one thousand of the authorized enlisted strength of the Navy and Marine Corps, who shall constitute the Naval Dental Corps and shall be a part of the Medical Department of the Navy.

303. (*a*) Original appointments to the Naval Dental Corps shall be probationary for a period of two years and may be revoked at any time during the probationary period by the President.

(*b*) The rank of such officers of the same date of appointment among themselves at the end of said probationary period shall be determined by the recommendations of an examining board appointed by the Secretary of the Navy, which board shall conduct a competitive examination, based upon both service record and professional attainments, in accordance with such regulations as may be prescribed by the Secretary of the Navy, and the rank of such officers so determined shall be as of date of original appointment with reference to other appointments to the naval service.

304. All appointees to the grade of dental surgeon shall be citizens of the United States between 24 and 30 years of age, and shall be graduates of standard medical or dental colleges and trained in the several branches of dentistry, and who shall, before appointment, have successfully passed moral, physical, and professional examinations before medical and professional examining boards appointed by the Secretary of the Navy, and have been recommended for appointment by such boards.

305. (*a*) Dental surgeons shall have the rank, pay, and allowances of lieutenants (junior grade) until they shall have completed five years' service. Dental surgeons of more than 5 but less than 20 years' service shall, subject to such examinations as the Secretary of the Navy may prescribe, have the rank, pay, and allowances of lieutenant. Dental surgeons of more than 20 years' service shall, subject to such examinations as the Secretary of the Navy may prescribe, have the rank, pay, and allowances of lieutenant commander.

(*b*) The total number of dental surgeons, with the rank, pay, and allowances of lieutenant commander shall not at any time exceed 10.

(*c*) Officers of the Dental Corps are entitled to all the military courtesies and consideration that go with that rank and are accorded to officers of other branches of the service in a similar grade. They wear the same uniform as other officers of the Navy with a designating device distinctive of their corps. (See Uniform Regulations, 1913, pars. 6 (*a*), 125.)

(*d*) The tenure of office in the Dental Corps of the Navy is for life, unless sooner terminated by removal, resignation, disability, or other casualty.

306. (*a*) All officers now in the Dental Corps (including the officers appointed for temporary service) appointed under the provisions of the act of August 22, 1912, entitled "An act making appropriations for the Naval Service for the fiscal year ending June thirtieth, nineteen hundred and thirteen, and for other purposes," and all officers now in active service appointed under the provisions of the act of March 4, 1913, who were eligible for appointment to the Dental Corps under the provisions of said act, shall be appointed dental surgeons in the Dental Corps without further examination and without regard to the age qualifications herein prescribed.

(*b*) The officers so appointed shall not be subject to the provisions herein prescribed for probationary service for a period of two years.

(*c*) Such officers shall, after appointment as herein prescribed, rank from date of commission and take seniority among themselves in the order of their original appointment by the Secretary of the Navy as shown on the Navy list on the date of approval of this act.

307. No dental surgeon appointed in accordance with the provisions of this act who on original appointment to the Dental Corps was over 40 years of age shall be eligible for retirement before he has reached the age of 70 years, except for physical disability incurred in the line of duty.

308. Dental surgeons who shall have lost numbers on the Navy list by sentence of court-martial or by failure upon examination for promotion shall be considered to have lost service accordingly for purposes of advancement in rank with increased pay and allowances. (Act of Aug. 29, 1916.)

SECTION 2.—INFORMATION REGARDING APPOINTMENTS IN THE DENTAL CORPS.

311. A candidate for appointment to the Dental Corps of the Navy as dental surgeon must be a citizen of the United States, between 24 and 30 years of age, a graduate of a standard medical or dental college, trained in the several branches of dentistry, of good moral character, and of unquestionable professional repute.

312. Application for a permit to take the examination should be made to the Chief of the Bureau of Navigation, Washington, D. C., via the Surgeon General, United States Navy, and according to the form prescribed. This application must be in the handwriting of the candidate and must be accompanied by the following certificates:

(*a*) Letters or certificates from two or more persons of good repute, testifying from personal knowledge to good habits and moral character.

(*b*) A certificate to the effect that the applicant is a citizen of the United States.

(*c*) Certificate of preliminary education. The candidate must submit a certificate of graduation from an accepted high school or an acceptable equivalent.

(*d*) Certificate of dental education. This certificate should give the name of the school and the date of graduation.

(*e*) If the candidate has had special educational or professional advantages, certificates to this effect, signed by the proper authorities, should also be forwarded.

The applicant will save unnecessary correspondence if he will make sure when submitting his application that the qualifications enumerated above are clearly and plainly described in his letters or certificates.

313. Application for enrollment must be made in the handwriting of the applicant according to the following form:

_____

_____, 191__.

SIR: I request permission to be examined for an appointment as dental surgeon in the United States Navy. I was born at _____, and was _____ years of age on the _____ day of _____, 191__; am a citizen of the United States, residing in _____, county of _____, in the State of _____. I am a graduate of _____ dental (medical) school, in the State of _____, and was licensed to practice dentistry in the State of _____ in _____.

I forward herewith letters testifying to my moral character, habits, citizenship, preliminary education, professional education, and qualifications.

Very respectfully,

_____

(Sign the name in full.)

The CHIEF OF THE BUREAU OF NAVIGATION,
Navy Department, Washington, D. C.
(via The Surgeon General, United States Navy).

314. A candidate whose preliminary qualifications appear to be satisfactory will receive a formal permit to present himself for examination.

When a candidate presents himself for examination he must bring with him the testimonials as to character and professional fitness, diploma of preliminary and professional education, and a certificate that he is a citizen of the United States; those forwarded with his application being returned to him for this purpose.

315. The examination is conducted in the following order: I. Moral. II. Physical. III. Professional.

(*a*) The physical examination is thorough, and the candidate is required to certify on oath that he is free from all mental, physical, and constitutional defects.

Acuteness of vision, 12/20 for each eye, unaided by glasses, but capable of correction, by aid of lenses, to 20/20 is obligatory. Color perception must be normal and the teeth good.

If the candidate is found to be physically disqualified, his examination is concluded; if found to be physically qualified, his examination is continued as follows:

(*b*) Professional examination. Letter to the board describing in detail his general and professional education.

Theoretical (written and oral) in the following subjects: Anatomy, physiology, histology, physics, chemistry, metallurgy, dental materia medica and therapeutics, dental pathology and bacteriology, orthodontia, oral surgery, operative dentistry (theory), and prosthetic dentistry (theory).

Practical (clinical) in operative dentistry and prosthetic dentistry.

An oral examination is conducted in the following subjects of preliminary education: Arithmetic, grammar, general history, physics, general literature, and Latin. Applicants holding diplomas or certificates from reputable literary or scientific colleges, normal schools, or high schools may submit such diplomas or certificates for the consideration of the board in this connection.

316. A successful candidate, upon completion of his examination, will be notified by the president of the board that he has been found qualified.

317. With the consent of the board, a candidate may withdraw at any period from further examination, and may at a future time present himself for reexamination. The board may conclude the examination (written, oral, and practical) at any time, and may deviate from this general plan as it may deem best for the interests of the naval service.

318. No allowance will be made for the expense of persons appearing for examination.

SECTION 3.—NAVY REGULATIONS AND NAVAL INSTRUCTIONS RELATING TO THE DENTAL CORPS.

331. Dental officer of the ship forms part of the surgeon's division. I 2130 (1).
332. Qualifications for appointment. R 2988.
333. Appointment subject to examination. R 2988.
334. Physical examination by three medical officers. R 2989.
335. Professional examination. R 2990.
336. Duties, services, and assignments. R 2991.
337. Attention to patients. R 2992, R 2993.
338. Records of treatments. R 2994.
339. Responsibility for dental property. R 2995.
340. Requisitions and returns. R 2996.

SECTION 4.—INSTRUCTIONS RELATING TO THE PROFESSIONAL EXAMINATION OF DENTAL SURGEONS AT END OF PROBATIONARY PERIOD.

346. Professional examination.

(*a*) A letter to the board giving an account of the candidate's general and professional duties since his admission to the service.

(*b*) Examination (theoretical) in anatomy (general and dental), physiology (general and dental), histology, physics, chemistry, metallurgy, dental materia medica and therapeutics, dental pathology and bacteriology, orthodontia, oral surgery, operative dentistry, prosthetic dentistry, duties of naval dental officers, and Navy Regulations and Instructions.

(*c*) Examination (practical) in prosthetic dentistry and operative dentistry.

(*d*) General efficiency (reports of fitness and such other relevant matter as may be submitted by the candidate or obtained by the board to determine the candidate's fitness).

347. If any candidates, from their general manner, conduct, bearing, appearance, or from adverse reports received, are in the opinion of the board unqualified the board will state this fact in its findings; and in each case the reasons in detail for the adverse opinion will be so definitely stated as to admit no doubt of what is meant, and referred to the candidate, who will be permitted to make a specific reply.

SECTION 5.—INSTRUCTIONS RELATING TO THE NAVAL RESERVE FORCE. (ACT AUG. 29, 1916.)

351. A candidate for enrollment as a dental officer is first examined for enrollment in the provisional grade of dental surgeon, rank of lieutenant (junior grade), United States Naval Reserve Force. Afterwards if his enrollment is accomplished, should he so desire, he makes request for active duty for confirmation in grade, and after the completion of a minimum period of three months' active service (at sea) he is again examined, and if found qualified is recommended for a commission as a dental surgeon, United States Naval Reserve Force. Legislation establishing the United States Naval Reserve Force contains in substance matter referable to the grade of dental surgeon as follows:

(*a*) A member must be a citizen of the United States, except as noted below with reference to the Naval Auxiliary Reserve.

(*b*) A member obligates himself, and may be ordered to serve in the Navy throughout a war or during the existence of a national emergency declared by the President, should either arise during his term of enrollment.

(*c*) A member enrolls or reenrolls for a term of four years.

(*d*) In time of peace, and when no national emergency exists, a member may be discharged upon his own request, upon reimbursing the Government for any clothing gratuity that may have been furnished during his current enrollment.

(*e*) A member is required to take the oath of allegiance to the United States.

(*f*) A member is given a provisional grade (dental surgeon) upon first enrollment in accordance with his qualifications determined by examination.

(*g*) A member after enrolling may, in time of peace, upon his own request, be assigned active duty in the Navy for such periods of instruction and training as may enable him to qualify for and be confirmed in grade.

(*h*) For confirmation in grade a member must serve the minimum amount of active service required (three months) and must qualify by examination under regulations prescribed by the Secretary of the Navy.

(*i*) The minimum active service required for maintaining the efficiency of a member (Naval Coast Defense Reserves) is three months during each term of enrollment. This active service may be in one period or in periods of not less than three weeks each year.

(*j*) No person shall be appointed or commissioned an officer in any rank in any class of the United States Naval Reserve Force, or promoted to a higher rank therein, unless he shall have been examined and recommended for such appointment, commission, or promotion by a board of three naval officers not below the rank of lieutenant commander, nor until he shall have been found physically qualified by a board of medical officers to perform the duties required in time of war, except that former officers and midshipmen of the Navy who shall have left the service under honorable conditions and who shall have enrolled in the United States Naval Reserve Force may be appointed in the grade and rank last held by them without examination other than the physical examinations herein prescribed.

(*k*) A member receives retainer pay of $12 per annum while enrolled in a provisional grade, provided he makes such reports concerning his movements and occupation as may be required by the Secretary of the Navy. After confirmation in grade his annual retainer pay is two months' base pay of the corresponding rank in the Navy. Retainer pay is in addition to any pay to which a member may be entitled by reason of active service. As noted below, members of the Volunteer Naval Reserve do not receive any retainer pay.

(*l*) A member who reenrolls for a term of four years, within four months of expiration of last complete enrollment, and who has performed the minimum amount of active service required during the preceding term of enrollment, for each reenrollment receives an increase of 25 per cent of his base retainer pay. A member who completes 20 years of service, and who has performed the minimum amount of active service each term of enrollment, on his own application will be retired with rank held, with a cash gratuity equal to the total amount of his retainer pay during his last term of enrollment.

(*m*) A member may accept employment in any branch of the public service, except as an officer or enlisted man in any branch of the military service of the United States or any State thereof.

(*n*) A member is subject to the laws, regulations, and orders for the government of the Regular Navy only during such time as he may by law be required to serve in the Navy in accordance with his obligation, and when on active service at his own request, and when employed in authorized travel to and from such active service in the Navy.

(*o*) A distinctive badge or button will be issued to be worn only by members of the United States Naval Reserve Force. A penalty is assigned for wearing or use of this emblem by unauthorized persons.

(*p*) A member actively employed receives the same pay and allowances, gratuities, and other emoluments as an officer of the Naval Service on active duty of corresponding rank and of the same length of service. When not actively employed a member is not entitled to pay, bounty, gratuity, or pension, except as expressly provided by the provisions of the act.

(*q*) When first reporting for active service for training during each period of enrollment, officers are credited with a uniform gratuity of $50, except as noted below with reference to the Volunteer Naval Reserve. In time of war or national emergency they are credited with $150, less the amount previously credited, if any, during the current enrollment.

(*r*) Officers in the United States Naval Reserve Force rank with but after officers of corresponding rank in the Navy. Officers are commissioned by the President.

352. (*a*) Enrollment of persons (not previously connected with the Regular Navy), except enrollments in the Naval Auxiliary Reserve, class 3, United States Naval Reserve Force, as dental surgeons, United States Naval Reserve Force, shall be made in the Naval Coast Defense Reserve, class 4, or Volunteer Naval Reserve for duty in the Naval Coast Defense Reserve, class 4, United States Naval Reserve Force. (Members of the Volunteer Naval Reserve receive no retainer pay or uniform gratuity in time of peace, but when on active duty they receive the service pay of their grade and service.)

(*b*) Citizens of the United States or of its insular possessions of the seagoing profession who shall have been or may be employed on American vessels of the merchant marine of suitable type for use as naval auxiliaries, and which shall have been listed as such by the Navy Department for use in war, shall be eligible for membership in the Naval Auxiliary Reserve as dental surgeons, subject to the examinations hereinafter prescribed. Their annual retainer pay, after confirmation, is one month's base pay of the corresponding rank in the Navy.

(*c*) A candidate for enrollment as above must be between 21 and 44 years of age and a citizen of the United States, except as noted above with reference to the Naval Auxiliary Reserve. He must be a graduate of a reputable dental or medical school, legally authorized to confer the degree of doctor of dental surgery.

353. Application for enrollment must be made in the handwriting of the applicant according to the following form:

_____,
(Residence.)
_____, 19__.

SIR: I request permission to be examined for enrollment in the provisional grade of dental surgeon, rank of lieutenant, junior grade, Naval Coast Defense Reserve, class 4, United States Naval Reserve Force.[1]

I was born at _____, and was _____ years of age on the _____ day of _____, 191_; graduated from _____ dental (medical) school in 19— and am licensed to practice dentistry in the State of _____.

I am a citizen of the United States, residing in _____, county of _____, in the State of _____.

I forward herewith letters testifying to my moral character, habits, citizenship, preliminary education, dental education, society membership, license to practice dentistry, and professional qualifications.

Very respectfully,

_____
(Name in full written legibly.)

CHIEF OF THE BUREAU OF MEDICINE AND SURGERY,
Navy Department, Washington, D. C.

354. (*a*) The above application must be accompanied by the following certificates:

Letters or certificates from two or more persons of good repute, testifying from personal knowledge to good habits and moral character.

A certificate or statement from some person of good repute that the applicant is a citizen of the United States. In case the applicant is a naturalized citizen of the United States his naturalization papers, or other satisfactory evidence of citizenship, must be submitted.

Certificate of preliminary education. The candidate must submit a certificate of graduation from an accepted high school or an acceptable equivalent.

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[1] When directed, the applicant should substitute the words "Volunteer Naval Reserve for duty in the Naval Coast Defense Reserve, class 4, United States Naval Reserve Force," for the words "Naval Coast Defense Reserve, class 4, United States Naval Reserve Force."

Certificate of dental education. This certificate should give the name of the school and the date of graduation.

A certificate from the president or secretary of a State or local dental society to the effect that the applicant is a member in good standing.

A certificate of license to practice dentistry.

If the candidate has had hospital service or special educational or professional advantages, certificates to this effect, signed by the proper authorities, should also be forwarded.

(*b*) The applicant will save unnecessary correspondence if he will make sure when submitting his application that the qualifications enumerated above are clearly and plainly described in his letters or certificates.

(*c*) After passing upon the credentials of the candidate the Bureau of Medicine and Surgery will issue a permit to the candidate, effective for a stated period, to appear before medical and dental examiners designated by the bureau via the commandant or commanding officer, for his provisional physical and professional examination. The permit will direct the candidate to communicate with the senior medical examiner as to the date and place of examination. An effort will be made to select the place of examination as near as possible to the place of residence of the candidate.

(*d*) When a candidate presents himself for examination on the date fixed by the senior examiner he must bring with him the testimonials as to character, habits, citizenship, preliminary education, dental education, membership in a State or local dental society, license, and letters describing professional qualifications, those forwarded with his application being returned to him for this purpose.

355. The examination is conducted in the following order: 1. Physical. II. Professional.

(*a*) The physical examination is that described in paragraph 315. In the case of candidates for the Naval Reserve Force the minimum height required is 64 inches. (See also par. 2107.)

(*b*) Professional examination. Letter to the board describing in detail his general and professional education.

Examination of diplomas, certificates of State boards, certificates of membership in dental societies, letters, and such other recommendations or certificates bearing upon the professional qualifications of the applicant as he may desire to submit.

Oral examination in the several usual subjects in a standard dental course, to include operative dentistry, prosthetic dentistry, and oral hygiene.

A practical examination in operative and prosthetic dentistry may be required.

This examination will be sufficiently comprehensive to determine whether the candidate is qualified to practice dentistry under the usual service conditions.

Due credit will be given for knowledge and experience in the case of candidates who have specialized in certain branches, and the examination may be modified accordingly. A successful candidate, upon the completion of his examination, will be notified by the president of the board that he has been found qualified. The board will assign an average mark based on a passing mark of 75 per cent.

356. With the consent of the examiners, a candidate may withdraw at any period from further examination and may at a future time present himself for reexamination, provided that such examination is not delayed until after the date that his permit would expire.

357. No allowance will be made for the expenses of persons appearing for examination.

358. If the medical and dental examiners find the candidate duly qualified physically and professionally for enrollment in the provisional grade of dental surgeon, rank of lieutenant, junior grade, Naval Coast Defense Reserve, class 4, United States Naval Reserve Force; or Volunteer Naval Reserve for duty in

the Naval Coast Defense Reserve, class 4, United States Naval Reserve Force; they will immediately forward a report and recommendation to this effect direct to the Bureau of Medicine and Surgery, together with the certificate of the candidate as to his physical condition, the personal history and physical data form, and the letter of the candidate to the examiners. A report and recommendation will also be made when a candidate is found disqualified.

359. After approving the record of examination and the recommendation of the examiners in the case of a qualified candidate, the Bureau of Medicine and Surgery will recommend to the Bureau of Navigation the provisional enrollment of the candidate in the United States Naval Reserve Force.

360. Upon accepting the certificate of enrollment the candidate is required to take the oath of allegiance, and to certify, on oath, as to his citizenship and age.

361. A member of the United States Naval Reserve Force may transfer to or from the Volunteer Naval Reserve upon approval by the Bureau of Navigation of his request to this effect.

362. Confirmation in grade: Dental surgeons provisionally enrolled in the Naval Coast Defense Reserve, class 4, United States Naval Reserve Force; or Volunteer Naval Reserve for duty in the Naval Coast Defense Reserve, United States Naval Reserve Force, who apply to the Bureau of Navigation via their commanding officer for permission to perform the minimum amount of active service required (at sea) for confirmation in grade, and who after completing the active service required request permission to be examined for confirmation in grade, will be issued a permit to appear for examination at a designated place before a statutory board appointed for this purpose.

363. (*a*) The physical examination is that described in paragraph 355.

(*b*) Professional examination: Letter to the board, giving a brief statement of the candidate's general and professional education.

Examination of active service record.

Knowledge of Navy Regulations and Naval Instructions, General Orders, and Manual for the Medical Department, appropriate to grade; medical department duties during emergency drills, such as fire, collision, abandon ship, battle stations, etc.

Theoretical (written and oral) in the following subjects: Anatomy, physiology, histology, physics, chemistry, metallurgy, dental materia medica and therapeutics, dental pathology and bacteriology, orthodontia, oral surgery, operative dentistry (theory) and prosthetic dentistry (theory).

Practical (clinical) in operative dentistry and prosthetic dentistry.

An oral examination is conducted in the following subjects of preliminary education: Arithmetic, grammar, general history, physics, general literature, and Latin. Applicants holding diplomas or certificates from reputable literary or scientific colleges, normal schools, or high schools may submit such diplomas or certificates for the consideration of the board in this connection.

The board will give careful consideration to composition and spelling as shown in the written papers submitted by the candidate, and to his service record.

As a general average, 75 per cent is required.

364. The uniform of officers of the Naval Reserve Force is as prescribed in paragraph 266.

CHAPTER 4.

THE HOSPITAL CORPS.

SECTION 1.—LAWS RELATING TO THE ESTABLISHMENT OF THE HOSPITAL CORPS. (ACTS JUNE 17, 1898; MAY 13, 1908; AUG. 22, 1912; AUG. 29, 1916.)

401. Hereafter the authorized strength of the Hospital Corps of the Navy shall equal 3½ per centum of the authorized enlisted strength of the Navy and Marine Corps, and shall be in addition thereto, and as soon as the necessary transfers or appointments may be effected the Hospital Corps of the United States Navy shall consist of the following grades and ratings: Chief pharmacists, pharmacists, and enlisted men classified as chief pharmacist's mates; pharmacist's mates, first class; pharmacist's mates, second class; pharmacist's mates, third class; hospital apprentices, first class; and hospital apprentices, second class; such classifications in enlisted ratings to correspond respectively to the enlisted ratings, seaman branch, of chief petty officers; petty officers, first class; petty officers, second class; petty officers, third class; seamen, first class; and seamen, second class: *Provided*, That enlisted men of other ratings in the Navy and in the Marine Corps shall be eligible for transfer to the Hospital Corps, and men of that corps to other ratings in the Navy and the Marine Corps.

402. Hospital and ambulance service with such commands and at such places as may be prescribed by the Secretary of the Navy, shall be performed by members of said corps, and the corps shall be a constituent part of the Medical Department of the Navy; and the enlisted men thereof shall be a part of the enlisted force provided by law for the Navy.

403. Section 3 of an act entitled "An act to organize a Hospital Corps of the Navy of the United States; to define its duties and regulate its pay," approved June 17, 1898, is hereby repealed, and the pay, allowances, and emoluments of the enlisted men of the Hospital Corps shall be the same as are now, or may hereafter be, allowed for respective corresponding ratings, except the rating of turret captain of the first class in the seaman branch of the Navy: *Provided*, That the pay of the rating of the chief pharmacist's mate shall be the same as that now allowed for the existing rating of hospital steward. (The pay of chief pharmacist's mates shall be $60 a month; the pay of pharmacist's mates, first class, $40 a month; the pay of pharmacist's mates, second class, $35 a month; the pay of pharmacist's mates, third class, $30 a month; the pay of hospital apprentices, first class, $24 a month; the pay of hospital apprentices, second class, $19 a month.)

404. All benefits derived from existing laws or that may hereafter be allowed by law to other warrant officers or enlisted men in the Navy shall be allowed in the same manner to the warrant officers or enlisted men in the Hospital Corps of the Navy.

405. The Secretary of the Navy is hereby empowered to limit and fix the numbers in the various ratings.

406. The pay of enlisted men of the Hospital Corps shall be the same as that provided for the corresponding ratings of the seaman branch or other staff corps of the Navy. (Act May 13, 1908.)

407. The President may hereafter, from time to time, appoint as many pharmacists as may be deemed necessary, from the rating of chief pharmacist's mate, subject to such moral, physical, and professional examinations and requirements as to length of service as the Secretary of the Navy may prescribe: *Provided*, That the pharmacists now in the Hospital Corps of the United States Navy or hereafter appointed therein in accordance with the provisions of this act shall have the same rank, pay, and allowances as are now or may hereafter be allowed other warrant officers.

Pharmacists shall, after six years from the date of warrant, be commissioned chief pharmacists after passing satisfactorily such examinations as the Secretary of the Navy may prescribe, and shall, when so commissioned, have the same rank, pay, and allowances as now or may hereafter be allowed other commissioned warrant officers: *Provided*, That the pharmacists at present in the service who have served or may hereafter serve six or more years in that grade shall be eligible for promotion to the grade of chief pharmacist upon satisfactorily passing the examinations provided for in this act.

408. Officers and enlisted men of the Medical Department of the Navy, serving with a body of marines detached for service with the Army in accordance with the provisions of section 1621 of the Revised Statutes, shall, while so serving, be subject to the rules and articles of war prescribed for the government of the Army in the same manner as the officers and men of the Marine Corps while so serving. (Act of Aug. 29, 1916.)

Section 2.—Circulars Relating to Enlistment and Promotion in the Hospital Corps. (Enlisted Force.)

411. Circular relating to the enlistment of men for the United States Navy. (Yearly by Bur. Nav.)

412. Circular for the information of persons desiring to enlist in the Hospital Corps, United States Navy. (N. M. S. 127624, Jan. 1917.)

413. Circular for the information of commanders in chief and commanding officers. (N. Nav. Sp.)

414. Circular relating to enrollment in United States Naval Reserve Force as Hospital Corpsman. (N. Nav. 373.)

415. Circular relating to enrollment in United States Naval Reserve Force as pharmacist. (N. Nav. 374.)

Section 3.—Navy Regulations and Naval Instructions Relating to the Hospital Corps.

421. Duties of Bureau of Medicine and Surgery in connection with the Hospital Corps. R 133.

422. Not to perform military duties other than those pertaining to the Medical Department. R 1540.

423. To constitute a part of surgeon's division on board ship. I 2130 (1).

424. Instruction of Hospital Corps. R 2901 (1); I 2642 (1–5).

425. Detail and duties on board hospital ships. R 2911.

426. Discipline aboard hospital ships. R 2919 (1).

427. Qualifications for enlistment. R 3525 (1) (12–13).

428. Method of making service records of the Hospital Corps. R 3544 (8) *e*.

429. Promotion in Hospital Corps. R 3317 (1); R 3551 (7–8); R 3553 (1).

430. Dicharge of enlisted men of Hospital Corps. R 3601 (9).

431. Not to be discharged until stores under their care have been accounted for. R 3605.

432. Pay of Hospital Corps (enlisted force). R 4427.

433. Duties of Hospital Corps. I 3252.

434. Financial dealings with patients prohibited. I 3260.
435. Hospital and ambulance service. I 3261.
436. Responsibility for care of stores. R 3402; R 3605.
437. Classification and precedence. R 1026.
438. Drill Book for the Hospital Corps (authorized). I 602 (6).

SECTION 4.—CHIEF PHARMACISTS (COMMISSIONED WARRANT OFFICERS) AND PHARMACISTS (WARRANT OFFICERS.)

441. Rank, precedence, and classification of pharmacists and chief pharmacists. R 1013 (1–5).
442. Qualifications and appointment. R 3317 (1–2).
443. Duties aboard ship. R 3236.
444. Duties of pharmacists and chief pharmacists. I 2351; I 2352.
445. Duties in hospitals as commissary. (Bureau's letter No. 121754).

SECTION 5.—CHIEF PHARMACIST'S MATES.

451. Enlistment as chief pharmacist's mates. R 3523 (1); R 3525 (12–13.)
452. Permanent appointment. R 3553.
453. Marines not assigned as chief pharmacist's mates. I 3641.
454. Care of stores R 3402 (1–3).
455. Instruction in first-aid, etc., of Hospital Corps. I 2642.

SECTION 6.—PHARMACIST'S MATES, FIRST, SECOND, AND THIRD CLASS; HOSPITAL APPRENTICES, FIRST AND SECOND CLASS.

461. Rank and precedence. R 1026.
462. Enlistment, requirements and authority for. R 3525 (12).
463. Examination reports and promotions. R 3525 (13); R 3551 (8).
464. Appointment as petty officer. R 3552.
472. Hospital apprentices, second class, may be enlisted without specific authority of department. R 3525 (12).
473. Duties as sick-bay recorder. I 2642 (3).
474. Hospital corpsmen detailed to assist dental surgeons. (M. & S. Letter No. 125300.)

SECTION 7.—GENERAL INFORMATION RELATING TO THE HOSPITAL CORPS.

481. First enlistments in the Hospital Corps shall be made only in the rating of hospital apprentice, second class, or hospital apprentice, first class. Applicants for enlistment in the rating of hospital apprentice, first class, must obtain from the Bureau of Navigation, Navy Department, permission to be examined for enlistment in this rating.

Age for enlistment as hospital apprentice, second class, from 18 to 25 years; for hospital apprentice, first class, from 21 to 28 years.

Upon enlistment in either of these ratings, men will be transferred to one of the Hospital Corps training schools for instruction.

Men who have had previous training in nursing, pharmacy, etc., in civil life may be enlisted in the rating of hospital apprentice, first class, provided they obtain permission to do so from the Bureau of Navigation.

482. A person desiring to enlist as a hospital apprentice, second class, may be examined, and, if qualified, enlisted at any recruiting station or navy yard at which he may apply.

483. Enlisted men of the Navy and Marine Corps are eligible for transfer to the Hospital Corps. Any man desiring transfer to the Hospital Corps should address a request to the commanding officer, who will authorize a board of medical officers to conduct the necessary examination. A successful candidate may be appointed after his report of examination has had the favorable recom-

mendation of the Bureau of Medicine and Surgery approved by the Bureau of Navigation, or the Commandant, Marine Corps, as the case may be. Enlisted men in the Marine Corps desiring transfer to the Hospital Corps must first request discharge and agree to enlist for a four-year period. Except in emergency a marine is not to be assigned to duty as a chief pharmacist's mate. (I 3641 (2).)

Men in other branches or the Marine Corps may change rating only to the ratings of hospital apprentice, second class, or hospital apprentice, first class, provided they are found qualified by examination as above mentioned.

484. The term of first enlistment in the Hospital Corps shall be for four years.

485. No allowance will be made for traveling and other expenses attending the examination of applicants.

486. Physical and professional examination by one or more medical officers shall be required for enlistment and promotion in each of the several grades and rates.

487. Upon the enlistment, transfer, death, desertion, change of rating, or discharge of the enlisted force of the Hospital Corps, the medical officer of the ship, hospital, or station will immeditely prepare and forward through the commanding officer the prescribed mailing card for the information of the Bureau. This information is required in order that timely action may be taken to fill any vacancies created.

488. In all cases of transfer to or promotion in the Hospital Corps, Bureau of Navigation, Form No. 1–B shall be forwarded to the Bureau of Navigation and Examination Report, Hospital Corps, and Changes in Hospital Corps, on prescribed forms, to the Bureau of Medicine and Surgery.

489. Members of the Hospital Corps will, in addition to the marks now called for by the Navy Regulations, have entered on their service records, marks in (1) proficiency in rating; (2) nursing; (3) first-aid, bandaging, etc. In addition, chief pharmacist's mates and pharmacist's mates, first class, will be marked in (4) pharmaceutical ability, and (5) clerical ability. These marks will be entered on Bureau Forms Nos. 1 and 1–B under "Professional qualifications" in columns (*a*), (*b*), (*c*), (*d*), and (*e*), respectively; also on continuous-service certificates.

490. Reports of examination: In all cases of examination, either for enlistment or promotion, or for permanent appointment as chief pharmacist's mate, duplicate reports of examination shall be made, one copy to be forwarded to the Bureau of Medicine and Surgery and one to the commanding officer of the ship or station where the man's accounts are held. It is particularly desired that these reports be forwarded to the bureau upon original enlistment. In the reports of examinations of pharmacist's mate, second class, to pharmacist's mate, first class, and pharmacist's mate, first class, to chief pharmacist's mate, marks in aptitude (proficiency in rating) and marks on the oral and practical examinations only will be inserted in the report by the board. Other marks will be assigned after review of the candidate's papers in the bureau. Upon examination for a permanent appointment as chief pharmacist's mate the examination report, Hospital Corps, with marks in all subjects assigned by the board and the candidate's papers (questions and answers), must be forwarded to the Bureau of Medicine and Surgery for review. With the examination report there should be forwarded the form N. M. S. 42022 signed by the medical officer under whom the candidate has served and a copy of the Form 1, B. In assigning a mark for aptitude the candidate's aptitude for the higher rating should be considered by the board and not his aptitude in the present rating.

491. Efficiency reports: An efficiency report, properly filled in, shall be forwarded, through the commanding officer, in every case of transfer, desertion, or discharge of an enlisted man of the Hospital Corps. (Blank forms of this report are furnished by the Bureau of Medicine and Surgery.

492. In order to avoid confusion the term "nurse" shall be restricted to members of the Nurse Corps (female) and not applied to members of the Hospital Corps.

SECTION 8.—CHIEF PHARMACISTS AND PHARMACISTS.

501. Pharmacists shall, after six years from the date of warrant, be commissioned chief pharmacists after passing satisfactorily such examinations as the Secretary of the Navy may prescribe, and shall, when so commissioned, have the same rank, pay, and allowances as now or may hereafter be allowed other commissioned warrant officers: *Provided*, That the pharmacists at present in the service who have served or may hereafter serve six or more years in that grade shall be eligible for promotion to the grade of chief pharmacist upon satisfactorily passing the examinations provided for in this act. (Act of Aug. 29, 1916.)

502. The President may hereafter, from time to time, appoint as many pharmacists as may be deemed necessary from the rating of chief pharmacist's mate. Chief pharmacist's mates applying for appointment must be examined preliminarily by boards of officers to determine their physical and professional fitness to appear for examination. Subsequent to the preliminary examination they shall be required to pass a satisfactory examination before a board to determine their mental, moral, physical, and professional qualifications in accordance with the provisions of R 3317 (1–2).

503. A candidate for appointment as pharmacist must be serving under acting or permanent appointment as a chief pharmacist's mate, have served at least three years in the Navy as an enlisted man, at least two years of which service must have been performed on board a cruising vessel, preference being given to men who have been honorably discharged and whose service has been continuous. The average of his marks taken from all his service records must be not less than 85 per cent. No person shall be appointed a pharmacist unless his accumulated previous service in the Army, Navy, and Marine Corps, together with his possible future service prior to attaining the age of 64 years, will amount to at least 30 years. (See Changes No. 7, Navy Regulations.)

504. (*a*) The competitive examination of chief pharmacist's mates for promotion to pharmacist shall be conducted by two boards, one to consist of three medical officers, or, when practicable, two medical officers and a pharmacist, appointed on the station on which the candidate may be serving, another to convene at Washington, D. C.

(*b*) The local board will examine the candidate physically and in practical work, and also conduct the written examination on questions prepared by the Bureau of Medicine and Surgery, but will not assign a mark for the latter. The board at Washington will mark the written examination and the service record and other records on file in the Bureau of Navigation. The marks of the local board and those of the board at Washington will then be combined to determine the order of merit.

(*c*) The mental and moral examination shall include the previous record of the candidate, his general education, and proof that he is conversant with the clerical duties pertaining to the Medical Department of the Navy as well as the management of sick bays and hospital wards. His professional examination shall be oral, written, and practical, and shall include pharmacy, materia medica, toxicology, chemistry, minor surgery, hygiene, and the examination of foods. He shall be required to demonstrate, both practically and theoretically, a thorough familiarity with the current pharmacopoeia, more particularly its pharmacy and materia medica, a knowledge of chemistry sufficient to enable him to make qualitative analyses, uninvolved volumetric quantitative estimations (for the latter books are permitted), and urinalyses; a knowledge of minor operations, applications of splints, bandages, etc.; and he shall be required to show that he is well informed regarding the commissary duty at hospitals, and, further, to show his ability in the inspection of foods, such as meats, fish, poultry, etc., and the determining of preservatives and adulterants in milk, butter, jellies, coffee, sugar, and canned vegetables and fruits.

SECTION 9.—CHIEF PHARMACIST'S MATES.

511. (*a*) Only such men as show particular fitness for the duties of the rating of chief pharmacist's mate and have the force of character necessary to control men and to maintain discipline shall be recommended for permanent appointment. A report of insobriety or infraction of discipline shall disqualify any man for examination for at least one year from date of such report. Physical examination is not required. The examination will follow the outline given for the examination for promotion to the rating of chief pharmacists's mate, acting appointment, except that more advanced questions shall be given, and include a knowledge of the principal movements of the Hospital Corps Drill Book.

(*b*) In no case will an acting appointment as chief pharmacist's mate or pharmacist's mate, first class, be issued without the authority of the Bureau of Navigation. Usually an acting appointment as chief pharmacist's mate or pharmacist's mate, first class, is issued only upon the recommendation of a candidate by the Bureau of Medicine and Surgery.

(*c*) Examinations in all cases (for acting or permanent appointment) will be practical, oral, and written.

512. Men must serve in the rating of chief pharmacist's mate, acting appointment, for at least 12 months before they are eligible for advancement to chief pharmacist's mate, permanent appointment.

The examinations.—Candidates for advancement shall be examined in the following subjects: For chief pharmacist's mate (permanent and acting), and pharmacist's mate, first class—(1) Aptitude for the service (shall include general service record). (2) General education: Arithmetic, spelling, writing (legibility and grammar), geography, and history of the United States. Hospital training and a knowledge of nursing will be considered to the advantage of the applicant. (3) Anatomy and physiology: The skeleton, joints, and muscles, digestive apparatus, blood and circulatory system, respiratory and excretory apparatus, and other organs of the body. (4) Minor surgery and first-aid (including surgical and operating-room technic): Emergencies of all kinds, contusions, wounds, hemorrhages, sprains, dislocations, fractures; the proper conduct of surgical technic, preparation for operation both as to supplies and appliances, patient, and operator, the proper conduction of minor surgical procedures within the duties of a hospital corpsman, attendance upon larger operations in the operating room with the surgeon, care of and conduct within the operating room, etc.; methods of sterilization; removal of foreign bodies in eyes, ears, and air passages; treatment of effects of excessive heat and cold, bites of poisonous animals, insensibility, fits, asphyxia or suffocation; bandaging; application of splints; and knowledge of the Hospital Corps Drill Book. (5) Nursing and materia medica: Practical and theoretical, including ward management, beds and bed making, baths, treatment other than by mouth, external applications, temperature, pulse, respiration, symptoms and clinical records, names and uses of instruments and appliances, medical and surgical nursing, including preparation of patient for operation. Therapeutic classification of drugs of the United States Pharmacopœia, their common, botanical, and official names, parts used, doses and active principles, toxic doses, poisonous symptoms, and antidotes. (6) Elementary hygiene and sanitation (general and field): Water, air, ventilation, heating and lighting of wards, etc.; disposal of wastes; disinfection and disinfectants; sterilization, handling of infectious diseases, and prevention of disease; practical duty in the field. (7) Diets and messing for the sick; classes of food, various classes of diet, diet for special diseases, obtaining and preparation of food, proper service of diets to patients. (8) Clerical procedures and forms: Knowledge and preparation of bureau forms, typewriting, and ability to formulate tables and charts. (9) Pharmacy and chemistry: Various pharmaceutical processes employed in the manufacture of official preparations, relative proportions of the more important drugs entering into their composition, weights and measures, specific

gravity, etc.; incompatibilities; chemical symbols, the formulas of the more important chemicals, with tests for identity and the reactions produced by their combination. (10) Sick-bay and ward duties and management; also care of property and records; systematic routine and provision for performing and accomplishing the various duties in the care of the patient and the ward itself, systematic detail of hospital corpsmen and assistants to their duties, care of the storerooms and dispensary, proper stowage and safeguarding of property, systematic methods in keeping track of and safeguarding records, etc. (11) Practical work in all subjects: Submit evidence of what the candidate was required to do in his practical examination, a list of the procedures undertaken with the results obtained; also a specimen of and statement as to the proficiency in typewriting should be submitted.

513. Men must serve in the rating of pharmacist's mate, first class, for at least 18 months before they are eligible for examination for advancement to the rating of chief pharmacist's mate, acting appointment. Advancement to the rating of chief pharmacist's mate, acting appointment, however, will depend on the demands of the service for chief petty officers. A pharmacist's mate, first class, will not be advanced to the rating of chief petty officer during his first enlistment, but he may be toward the completion of his first enlistment recommended for the rating of chief pharmacist's mate, acting appointment, with a view to his advancement upon reenlistment should he be found qualified by examination and his services be required in that rating, depending upon the needs of the service for chief pharmacist's mates. The examination for these three ratings may be given without the department's further authority, and shall be conducted in accordance with the outline given in paragraph 512, before a board of three medical officers, or two medical officers and a pharmacist, detailed from a station ship, or ships other than that upon which the candidate is serving, if practicable.

514. The medical officer under whom the candidate is then serving shall submit a statement of his opinion as to the man's qualifications and general fitness for the rating of chief pharmacist's mate, or pharmacist's mate, first class. This statement should be made on the prescribed form, great care being taken to answer questions frankly and to assign marks fair to the man, but with a view to the subsequent service he is to perform. Upon completion of the examination the written proceedings, without corrections or assignment of marks, shall be forwarded to the Bureau of Navigation, the board only to enter marks for practical work and the candidate's aptitude for the higher rating, on the form Examination Report, Hospital Corps. The papers will then be passed upon by the department, and if the candidate is found qualified instructions will be given for the issue of an appointment, providing his conduct has been satisfactory in the interim.

SECTION 10.—PHARMACIST'S MATES, FIRST, SECOND, AND THIRD CLASS, AND HOSPITAL APPRENTICES, FIRST AND SECOND CLASS.

520. For advancement to pharmacist's mate, second and third class, and hospital apprentice, first and second class, the medical officer should examine the candidate in accordance with the following outlines: Should the candidate be found qualified for advancement to the rating which he seeks he may be issued an appointment without further authority from the bureau (except in ratings of pharmacist's mate, first class, and chief pharmacist's mate, acting and permanent).

521. Men must serve in the rating of pharmacist's mate, second class, for at least 12 months before being eligible for advancement to pharmacist's mate, first class, and must pass the examination prescribed in paragraph 512.

522. Men must serve in the rating of pharmacist's mate, third class, for at least 12 months before they are eligible for advancement to the next higher rating. Men must have served in the Hospital Corps for at least 24 months continuously before being advanced to the rating of pharmacist's mate, second class.

Applicants for promotion to the rating of pharmacist's mate, second class, will be examined in the following subjects: (1) Aptitude for the service (shall include general service record). (2) General education: Arithmetic, spelling, writing (legibility and grammar), geography, and history of the United States. Hospital training and a knowledge of nursing will be considered to the advantage of the applicant. (3) Anatomy and physiology: The skeleton, joints, and muscles, digestive apparatus, blood and circulatory system, respiratory and excretory apparatus, and other organs of the body. (4) Minor surgery and first-aid (including surgical and operating-room technic); emergencies of all kinds, contusions, wounds, hemorrhages, sprains, dislocations, fractures; the proper conduct of surgical technic, preparation for operation both as to supplies and appliances, patient and operator, the proper conduction of minor surgical procedures within the duties of a hospital corpsman, attendance upon larger operations in the operating room with the surgeon, care of and conduct within the operating room, etc.; methods of sterilization; removal of foreign bodies in eyes, ears, and air passages; treatment of effects of excessive heat and cold, bites of poisonous animals, insensibility, fits, asphyxia or suffocation; bandaging; application of splints; and knowledge of the Hospital Corps Drill Book. (5) Nursing and materia medica: Practical and theoretical, including ward management, beds and bed making, baths, treatment other than by mouth, external applications, temperature, pulse, respiration, symptoms and clinical records, names and uses of instruments and appliances, medical and surgical nursing, including preparation of patient for operation; therapeutic classification of drugs of the United States Pharmacopœia, their common, botanical, and official names, parts used, doses and active principles, toxic doses, poisonous symptoms, and antidotes. (6) Elementary hygiene and sanitation (general and field): Water, air, ventilation, heating and lighting of wards, etc.; disposal of wastes; disinfection and disinfectants, sterilization, handling of infectious diseases and prevention of disease; practical duty in the field. (7) Diets and messing for the sick: Classes of food, various classes of diet, diet for special diseases, obtaining and preparation of food, proper service of diets to patients. (8) Clerical procedures and forms: Knowledge and preparation of bureau forms, typewriting, and ability to formulate tables and charts. (9) Pharmacy and chemistry: Various pharmaceutical processes employed in the manufacture of official preparations, relative proportions of the more important drugs entering into their composition, weights and measures, specific gravity, etc.; incompatibilities; chemical symbols; the formulas of the more important chemicals, with tests for identity and the reactions produced by their combination.

523. Men must serve in the rating of hospital apprentice, first class, for at least six months before they are eligible to take the examination for advancement to pharmacist's mate, third class. No man will be promoted to the rating of pharmacist's mate, third class, unless he has served at least 12 months in the Hospital Corps.

Applicants for promotion to the rating of pharmacist's mate, third class, will be examined in the following subjects: (1) Aptitude for the service (shall include general service record). (2) General education—arithmetic, spelling, writing (legibility and grammar), geography, and history of the United States. Hospital training and a knowledge of nursing will be considered to the advantage of the applicant. (3) Anatomy and physiology—the skeleton, joints, and muscles, digestive apparatus, blood and circulatory system, respiratory and excretory apparatus and other organs of the body. (4) Minor surgery and first-aid (including surgical and operating-room technic); emergencies of all kinds, contusions, wounds, hemorrhages, sprains, dislocations, fractures; the proper conduct of surgical technic, preparation for operation both as to supplies and appliances of patient and operator, the proper conduction of minor surgical procedures within the duties of a hospital corpsman, attendance upon larger operations in the operating room with the surgeon, care of and conduct within the operating room, etc.; methods of sterilization; removal of foreign bodies in eyes, ears, and air passages; treatment of effects of excessive heat and cold,

bites of poisonous animals, insensibility, fits, asphyxia or suffocation; bandaging, application of splints, and knowledge of the Hospital Corp Drill Book. (5) Nursing and materia medica—practical and theoretical, including ward management, beds and bed making, baths, treatment other than by mouth, external applications, temperature, pulse, respiration, symptoms, and clinical records, names and uses of instruments and appliances, medical and surgical nursing, including preparation of patient for operation. Therapeutic classification of drugs of the United States Pharmacopoeia, their common, botanical, and official names, parts used, doses and active principles, toxic doses, poisonous symptoms, and antidotes. (6) Elementary hygiene and sanitation (general and field)—water, air, ventilation, heating and lighting of wards, etc.; disposal of wastes; disinfection and disinfectants, sterilization, handling of infectious disease and prevention of disease; practical duty in the field.

524. (*a*) On first enlistment men will be enlisted in the ratings of hospital apprentice, second class, and hospital apprentice, first class, only. Men already enlisted may change their rating to one of these ratings only. Men who have had previous training in nursing, pharmacy, etc., in civil life may be enlisted in the rating of hospital apprentice, first class, provided they obtain permission to do so from the Bureau of Navigation.

All men who are enlisted as, or change their rating during the first half of their four-year term of enlistment to, either hospital apprentice, second class, or hospital apprentice, first class, will be transferred to the nearest Hospital Corps training school for instruction immediately upon enlistment or change of rating and without further authority from the Bureau of Navigation.

Men who have enlisted in or have been transferred to the rating of hospital apprentice, second class, and have been detailed to one of the Hospital Corps training schools for instruction, must serve in this rating until the course of instruction is completed. Upon completion of the course and graduation from one of these schools, they will be advanced to the rating of hospital apprentice, first class.

Men who have changed their rating to that of hospital apprentice, second class, and have not attended a Hospital Corps training school, must serve at least six months in this rating before they are eligible to take the examination for advancement to hospital apprentice, first class.

(*b*) Applicants for enlistment in or promotion to the rating of hospital apprentice, first class, will be examined on the following subjects: (1) Aptitude for the service (shall include general service record). (2) General education: Arithmetic, spelling, writing (legibility and grammar), geography, and history of the United States. Hospital training and a knowledge of nursing will be considered to the advantage of the applicant. (3) Anatomy and physiology: The skeleton, joints, and muscles, digestive apparatus, blood and circulatory system, respiratory and excretory apparatus, and other organs of the body. (4) Minor surgery and first aid (including surgical and operating room technic): Emergencies of all kinds, contusions, wounds, hemorrhages, sprains, dislocations, fractures; the proper conduct of surgical technic, preparation for operation both as to supplies and appliances of patient and operator, the proper conduction of minor surgical procedures within the duties of a Hospital Corps man, attendance upon larger operations in the operating room with the surgeon, care of and conduct within the operating room, etc., methods of sterilization; removal of foreign bodies in eyes, ears, and air passages; treatment of effects of excessive heat and cold, bites of poisonous animals, insensibility, fits, asphyxia or suffocation; bandaging, application of splints, and knowledge of the Hospital Corps Drill Book.

(*c*) Applicants for enlistment in or transfer to the rating of hospital apprentice, second class, will be examined on the following subjects: (1) Aptitude for the service (shall include general service record). (2) General education: Arithmetic, spelling, writing (legibility and grammar), geography, and history of the United States. Hospital training and a knowledge of nursing will be of advantage to the applicant.

525. Candidates for advancement must attain the marks required as follows: For chief pharmacist's mate (permanent appointment), 3.5; chief pharmacist's mate (acting appointment), 3; pharmacist's mate, first class, 3; all other rates, at least 3.

While the examinations for chief pharmacist's mate (permanent and acting) and pharmacist's mate, first class, are similar, a comparatively greater knowledge and familiarity with the subjects and duties should be expected for the higher rating.

No person will be enlisted or retained in the Hospital Corps who is addicted to the use of intoxicating liquors or drugs, or who at any time shows evidence of intemperance or the morbid use of drugs.

No person temperamentally unfitted for this class of work will be accepted.

Before advancement to any higher rating a Hospital Corps man must have served satisfactorily in all respects for the required period in his present rating.

This period, however, must have been continuous during current enlistment, or such portions of the time in each of two enlistments which are contiguous and render the total service continuous without interruption for a longer period than the regular four months allowed between discharge and reenlistment.

He must have received during this period an average mark of not less than 3 in proficiency in rating and obedience and 4 in sobriety, and have a record clear of infractions of discipline for the past year. He must pass the required examination, attaining the required mark for the rating.

No man shall be advanced to any rating unless recommended favorably by the medical and commanding officers.

Medical officers are expected to use discretion and careful judgment in recommending men for advancement with the view that only the well qualified may be advanced to the various ratings. It is not desired to advance unqualified men because of their length of service only, but to advance those who are fully qualified and who have a satisfactory knowledge of the duties of the various ratings to which they seek advancement.

In all cases special inquiry must be made relative to the preliminary education and training of each candidate, and the spaces prescribed on the Examination Report, Hospital Corps, United States Navy, properly filled in. It is desired to know the years or fractions of years of attendance at common schools, high schools, academies, training schools for nursing, pharmacy, dentistry, medicine, or other training or experience.

The Bureau of Navigation may for special reasons waive or change time restrictions placed upon advancement in rating. No requests for such a waiver or change should be submitted in any individual case. Waiver or change in time restrictions if made will apply to a designated class or classes of the personnel.

Section 11.—Hospital Corps, Naval Militia.

531. Examinations for the Hospital Corps, Naval Militia, will be held in accordance with instructions contained in General Order No. 153, pages 30, 31, 68, 69, and Appendices A and B.

Section 12.—Hospital Corps, U. S. Naval Reserve Force.

541. Detailed information as to the obligations, emoluments, and necessary qualifications for enrollment in general will be found in paragraph 131 (*a–r*).

Pharmacist.

542. Enrollment of persons (not previously connected with the Regular Navy) as pharmacists, U. S. Naval Reserve Force, shall be made in the Naval Coast Defense Reserve, class 4.

543. A candidate for enrollment as a pharmacist in the Naval Reserve Force must enroll in the provisional enlisted rating of chief pharmacist's mate and

must perform at least three months' active duty in this rating. Subsequent thereto, if recommended as a satisfactory candidate for pharmacist, U. S. Naval Reserve Force, by the medical and commanding officers under whom duty has been performed, an additional continuous period of at least three months, active duty, for further instruction and training must be served at a naval hospital or on board a hospital ship.

544. Candidates for enrollment must apply to the Chief of the Bureau of Medicine and Surgery for permission to be examined to determine their qualifications for enrollment in the provisional enlisted rating of chief pharmacist's mate with a view to subsequently qualifying for the grade of pharmacist, U. S. Naval Reserve Force.

545. Application for enrollment must be made in the handwriting of the applicant according to the following form:

_____
(Residence.)

_____, 19__

SIR: I request permission to be enrolled in the provisional rating of chief pharmacist's mate, in the Naval Coast Defense Reserve, class 4, U. S. Naval Reserve Force, with a view to subsequent examination for advancement to the grade of pharmacist in the U. S. Naval Reserve Force, the examination to be held subsequent to such periods of active service under instruction and training as the Secretary of the Navy may prescribe.[1]

I was born at _____, and was _____ years of age on the _____ day of _____, 19__; and am a citizen of the United States, residing in _____, county of _____, and State of _____.

I graduated from the _____ School of Pharmacy and am licensed to practice pharmacy in the State of _____.

I forward herewith letters testifying to my moral character, habits, citizenship, preliminary education, pharmaceutical and chemical education, license to practice pharmacy, experience in hospital organization, management, commissary, etc.

Very respectfully,

_____
(Name in full, written legibly.)

CHIEF OF THE BUREAU OF MEDICINE AND SURGERY,
Navy Department, Washington, D. C.

546. The above application must be accompanied by the following certificates:

(*a*) Letters or certificates from two or more persons of good repute, testifying from personal knowledge to good habits and moral character.

(*b*) A certificate or statement from some person in good repute that the applicant is a citizen of the United States. In case applicant is a naturalized citizen of the United States his naturalization papers or other satisfactory evidence of citizenship must be submitted.

(*c*) Certificate of preliminary education. The candidate must submit a certificate of graduation from an accepted high school or an acceptable equivalent.

(*d*) Certificate of pharmaceutical education. This certificate should give the name of the school and the date of graduation.

(*e*) A certificate of license to practice pharmacy.

(*f*) Certificates to the effect that the candidate has had experience in hospital organization, management, and commissary and special educational or professional advantages, signed by proper authorities.

547. The applicant will save unnecessary correspondence if he will make sure when submitting him application that the qualifications enumerated above are clearly and plainly described in his letters or certificates.

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[1] When directed, the applicant should substitute the words "Volunteer Naval Reserve for duty in the Naval Coast Defense Reserve, class 4, United States Naval Reserve Force" for the words "Naval Coast Defense Reserve, class 4, U. S. Naval Reserve Force."

548. After passing upon the credentials of the candidate, the Bureau of Medicine and Surgery will issue a permit to the candidate, effective for a stated period, to appear before one or more medical examiners designated by the bureau via the commandant or commanding officer, for his provisional physical and professional examination. The permit will direct the candidate to communicate with the senior medical examiner as to the date and place of examination. An effort will be made to select the place of examination as near as possible to the place of residence of the candidate.

549. When a candidate presents himself for examination on the date fixed by the senior medical examiner, he must bring with him the testimonials as to character, habits, citizenship, preliminary education, pharmaceutical education, license to practice pharmacy, and letters describing professional qualifications and those indicating his experience in hospital organization, management, and commissary; those forwarded with his application being returned for this purpose.

550. The examination is conducted in the following order: 1. Physical. 2. Professional.

(*a*) The physical examination is thorough and the candidate is required to certify that he is free from all mental, physical, and constitutional defects. (See also par. 2107.)

Acuteness of vision, 12/20 for each eye unaided by glasses but capable of correction by aid of lenses to 20/20, is obligatory. Color perception must be normal and the teeth good.

If the candidate is found to be physically disqualified the examination is concluded; but, in the case of a candidate otherwise desirable, the medical examiners may recommend that minor disqualifications or departures from standard be waived and proceed with the professional examination, subject to final approval by the department. If found to be physically qualified his examination is continued as follows:

(*b*) Professional examination.—(1) Letter to the board describing in detail his general and professional education.

(2) Examination of diplomas, certificates of State boards, certificates and letters and such other recommendations bearing upon the professional qualifications of the applicant as he may desire to submit.

(3) Written examination as prescribed in paragraph 512.

(4) Upon completion of the examination the written proceedings, without corrections or assignment of marks, shall be forwarded to the Bureau of Medicine and Surgery (Bureau of Navigation), the board only to enter marks for practical work and the candidate's aptitude for the rating on the form Examination Report, Hospital Corps. The papers will then be passed upon by the bureau, and if the candidate is found qualified the Surgeon General will recommend to the Bureau of Navigation the enrollment of the candidate in the provisional rating of chief pharmacist's mate, United States Naval Reserve Force.

551. After enrollment in the provisional enlisted rating of chief pharmacist's mate is accomplished the candidate should make request to the Bureau of Medicine and Surgery for assignment to active duty for instruction and training and qualification for appointment as pharmacist. Two periods of three months' active duty in the medical department are required.

552. The first period must be served in the provisional rating of chief pharmacist's mate and may be served in one period or in periods of not less than three weeks each year successively. The second period must be one of continuous service for three months' active duty at a naval hospital or on board a hospital ship.

553. Subsequent to the first period, should the candidate be recommended as a satisfactory candidate for pharmacist, United States Naval Reserve Force, and for further instruction and training by the medical and commanding officers under whom duty has been performed, he should again apply to the Bureau of Medicine and Surgery for assignment to duty, the application to accompany the

letter of recommendation submitted by the medical and commanding officers. Upon receipt of his application he may be given an opportunity to serve an additional continuous period of at least three months' active duty for further instruction and training at a naval hospital or on board a hospital ship. At the end of the second period of active duty if he so requests and a vacancy exists the candidate may appear for final examination to determine his qualifications for appointment as a pharmacist, United States Naval Reserve Force.

554. Upon receipt of the applicant's request for final examination for appointment and notice from the commanding officer of the hospital that the required two periods of service under instruction and training have been completed the candidate will be directed to appear before a board of medical examiners designated by the bureau for his physical and professional examination.

555. Confirmation in grade: An applicant completing the active service required, who requests permission to be examined for appointment as pharmacist, United States Naval Reserve Force, may be authorized to appear for examination at a designated place before a statutory board appointed for this purpose.

(*a*) The physical examination is that described in paragraph 550 (*a*).

(*b*) Professional examination.—(1) Letter to the board giving a brief statement of the candidate's experience while undergoing instruction and training in active service.

(2) Examination of active service records.

(3) Professional examination as prescribed in paragraph 504 (*c*).

(4) The board will give careful consideration to composition and spelling as shown in the written papers submitted by the candidate and through his service record.

(5) Seventy-five per cent is required as a general average.

556. Those chief pharmacist's mates provisionally enrolled in the United States Naval Reserve Force who have been found duly qualified for appointment as pharmacist, United States Naval Reserve Force, and who will be within the age limit of 35 years at the completion of the examination, will be recommended for appointment as pharmacists, United States Naval Reserve Force, provided they have been found qualified by the examination above.

557. A member of the United States Naval Reserve Force may transfer to or from the Volunteer Naval Reserve upon approval of the Bureau of Navigation of his request to this effect.

558. No allowance will be made for the expenses of persons appearing for examination.

Hospital Apprentice. First and Second Class.

560. A candidate for enrollment as a hospital corpsman is first examined for enrollment in the provisional rating of hospital apprentice, second class, or hospital apprentice, first class, Naval Coast Defense Reserve, class 4, United States Naval Reserve Force. Afterwards, if his enrollment is accomplished, should he so desire, he makes request for active duty for confirmation in rating, and after the completion of a minimum period of three months' active service he is again examined for confirmation in rating.

561. When first reporting for active service for training during each period of enrollment men are credited with a clothing gratuity of $30. In time of war or national emergency he is credited with $60 less the amount previously credited, if any, during the current enrollment.

562. Men who have had nursing, first-aid, medical, pharmaceutical, or other allied trainings, such as students at medical, dental, or pharmaceutical colleges, attendants or nurses, druggists' clerks, etc., who are citizens of the United States, between the ags of 18 and 28, if found qualified, may be examined for enrollment in the Naval Coast Defense Reserve, class 4, United States Naval Reserve Force, Hospital Corps.

563. The examination conducted at the enrolling office is simple. It consists of a physical examination, followed by a professional examination which is exactly the same as that given applicants for the Regular Naval Establishment, except that a permit for permission to be examined for the provisional rate of hospital apprentice, first class, is not required. (See paragraphs 2107 and 524 (*b*) and (*c*).)

564. A member enrolled who desires active duty for the purpose of instruction and training may make application to his commanding officer, the commandant of the naval district in which the member has enrolled. The application may be in person or by letter and should state the length of active duty desired and the approximate dates the member desires to accept service.

565. Confirmation in rating: When the member has served the minimum period of active duty, three months, he may be examined for confirmation in rating. The physical and professional examinations are those prescribed in paragraph 563.

CHAPTER 5.

THE NURSE CORPS.

SECTION 1.—LAWS RELATING TO THE NURSE CORPS.

601. Establishment of the Nurse Corps. (Act of May 13, 1908.)

"The Nurse Corps (female) of the United States Navy is hereby established, and shall consist of one superintendent, to be appointed by the Secretary of the Navy, who shall be a graduate of a hospital training school having a course of instruction of not less than two years, whose term of office may be terminated at his discretion, and of as many chief nurses, nurses, and reserve nurses as may be needed: *Provided*, That all nurses in the Nurse Corps shall be appointed or removed by the Surgeon General with the approval of the Secretary of the Navy, and that they shall be graduates of hospital training schools having a course of instruction of not less than two years. The appointment of superintendent, chief nurses, nurses, and reserve nurses shall be subject to an examination as to their professional, moral, mental, and physical fitness, and they shall be eligible for duty at naval hospitals and on board of hospital and ambulance ships and for such special duty as may be deemed necessary by the Surgeon General of the Navy. Reserve nurses may be assigned to active duty when the necessities of the service demand, and when on such duty shall receive the pay and allowances of nurses: *Provided*, That they shall receive no compensation except when on active duty. The superintendent, chief nurses, and nurses shall, respectively, receive the same pay, allowances, emoluments, and privileges as are now or may hereafter be provided by or in pursuance of law for the Nurse Corps (female) of the Army."

602. Pay of the Nurse Corps (Army), Army appropriation act: Extract from the act of March 23, 1910, making appropriation for the support of the Army for the fiscal year ending June 30, 1911, providing for the pay of the Female Nurse Corps of the Army:

"* * * and the superintendent and members of the Female Nurse Corps shall hereafter be paid at the following rates: Superintendent Nurse Corps, one thousand eight hundred dollars per annum; female nurses, fifty dollars per month for the first period of three years' service; fifty-five dollars per month for the second period of three years' service; sixty dollars per month for the third period of three years' service; and sixty-five dollars per month after nine years' service in said Nurse Corps; and all female nurses shall hereafter be entitled, in addition to the rates of pay as herein provided, to ten dollars per month when serving beyond the limits of the United States comprising the Union and Territories of the United States contiguous thereto (except Porto Rico and Hawaii), and to cumulative leave of absence with pay at the rate of thirty days for each calendar year of service in said corps; and when serving as chief nurses their pay may be increased by authority of the Secretary of War, such increase not to exceed thirty dollars per month; and the superintendent shall be entitled to the same allowances, when on duty, as a member of the Nurse Corps."

SECTION 2.—NAVY REGULATIONS AND NAVAL INSTRUCTIONS RELATING TO THE NURSE CORPS.

611. Bureau charged with appointment, removal, administration, and instruction of the Nurse Corps. R 133 (1-2); R 2901 (1).

612. Subject to authority of commanding officer of hospital ship. R 2919 (1).

613. Composition of Nurse Corps. R 3322 (1).

614. Requirements for appointment. R 3322 (2).

(See also circular for the information of persons desiring to enter the Nurse Corps, N. M. S. 115583.)

615. Duties of superintendent and detail of nurses. R 3322 (3).

616. Pay and allowances. R 3322 (4); R 4428.

617. Authority of nurses on duty. R 3322 (5).

618. Commutation of quarters. R 4514.

619. Allowance of fuel. R 4515 (7).

620. Places where eligible for duty. I 3261.

621. Reserve nurses. R 3322 (3).

622. See also Manual for the Medical Department, U. S. Army, 1911, pars. 48-96; Changes No. 3, April 26, 1912, Manual for the Medical Department, U. S. Army, 1911. Army Regulations, 1910, arts. 743-750, 1136, 1143, and 1221; and Army Transport Service Regulations, 1908, arts. 148-163.

623. Special nurses not to be employed. I 3231.

(M. & S. letter No. 120578.)

624. Transportation and traveling allowances. I 123.

SECTION 3.—DUTIES OF THE SUPERINTENDENT OF THE NURSE CORPS.

631. The superintendent of the Nurse Corps will be appointed by the Secretary of the Navy upon recommendation by the Surgeon General, subject to examination as to professional, moral, mental, and physical fitness, and to the requirements of the law regarding hospital training. The appointment may be revoked by the Secretary of the Navy upon the recommendation of the Surgeon General. A request for permission to appear for examination preliminary to appointment will be addressed to the Secretary of the Navy via the Surgeon General. The examination will be conducted by a board of medical officers.

Any applicant for the position of superintendent will be required to present herself in Washington, D. C. The requirements for examination are, in general, as hereinafter prescribed for the examination of candidates for appointment as nurses.

632. The superintendent for the Nurse Corps will have general supervision of the corps under the Bureau of Medicine and Surgery. By authorized inspections and from information contained in reports and returns, the superintendent will keep herself informed of the condition, number, distribution, competency, and dates of termination of appointments of the members of the corps. She will conduct the correspondence with nurses' training schools and nurses' associations, with the idea of obtaining acceptable and qualified nurses for the naval service, and will be a member of the examining board for nurses. She will have charge of all records pertaining to the corps, and is responsible for the filing, indexing, and care of the individual records of nurses. Reports and returns relating to the Nurses Corps will be referred to her for her information, comment, or recommendation. She will indorse all recommendations for promotion to chief nurse and prepare the questions for the examination of nurses preliminary to promotion, recommending those qualified as their services are required. She will make recommendations regarding matters of discipline, leave, resignation, and the acceptance, assignment, transfer, and discharge of nurses, and the reduction or discharge of chief nurses. She will endeavor to maintain the usefulness of the corps as a part of the Medical Department, and propose to the Surgeon General any measures for the promotion of morale and efficiency.

633. The superintendent is eligible for such other duties not herein noted as may be assigned her by the Surgeon General. (Act of May 13, 1908.)

Section 4.—Appointment of Nurses.

641. Application for appointment in the Navy Nurse Corps should be made to the Surgeon General, Bureau of Medicine and Surgery, who will furnish the necessary blanks therefor.

642. An applicant for appointment in the Nurse Corps must be unmarried and a citizen of the United States. She shall have graduated from a reputable training school giving a thorough professional education both theoretical and practical and requiring a residence of at least two years in an acceptable general hospital of 100 beds or more. Applicants not meeting these requirements may have their names placed upon the eligible list, if otherwise qualified, upon presenting a diploma showing that they have successfully completed a three months' postgraduate course, or upon submitting proof and satisfactory credentials of six months' continuous experience in a general hospital.

643. Applicants practicing in States where registration of nurses is obligatory must give satisfactory evidence of such registration. Applicants from States not requiring State board examination will be required to prove they are eligible for membership in the American Nurses Association.

644. The qualifications of the applicant will be ascertained by means of a certificate submitted to the superintendent of the training school from which the applicant graduated, showing the date of graduation, moral and professional qualifications during her training, at the date of graduation, and (so far as known) at the time of the application. Other evidences of fitness as may be deemed necessary will be required.

645. The professional and mental examination will be in writing and will be conducted by a board of examiners appointed for the purpose. The examination ordinarily will take the form of short essays on practical, professional subjects. These essays must be original in presentation of subject and must be in the handwriting of the applicant.

646. The physical fitness of the applicant will be determined by an examination conducted, if practicable, by a naval surgeon. Should this necessitate an unreasonably long journey, the examination may be conducted by a reputable physician located near the home of the applicant. The examination will follow the outline of the form supplied and the medical examiner will not give his report to the applicant, but will send the report direct to the Bureau of Medicine and Surgery. The contents will be regarded as confidential.

647. The names of applicants who have fulfilled the prescribed conditions will be placed on the eligible list for appointment at such time as their services are required. No applicant will be considered eligible who will not agree to serve for three years.

Section 5.—Chief Nurses.

661. Chief nurses will not be appointed from civil life, but vacancies will be filled by promotion from the grade of nurse. Permanent assignments to duty as chief nurse are made only by the Surgeon General, upon the recommendation of the superintendent. Before final promotion a nurse must have served at least one year in the Nurse Corps and have passed the prescribed examination.

662. The examination of a nurse for promotion will be conducted at the station, under the direction of the medical officer, questions having been submitted from the bureau. Upon completion of examination the papers will be forwarded without assigning marks to the Bureau of Medicine and Surgery for final action.

663. Should two or more nurses be examined on the same date, any existing vacancies will be filled in the order of merit, as determined by length of service, efficiency reports, and the result of examination. When such examinations are conducted at two or more widely separated stations about the same time,

the decision as to the order of appointment made by the bureau will depend also upon the requirements of the service at the stations concerned.

664. A chief nurse holding a permanent appointment, whose services are no longer required as chief nurse may be discharged or assigned to regular duty as nurse, as she may elect. If discharged she may placed on the reserve list under the conditions prescribed in section 4. Service as chief nurse will not necessarily entitle a nurse to have a subsequent assignment as chief nurse. When a chief nurse is assigned to regular duty as nurse, her appointment as chief nurse will be officially canceled. Such cancellation will not adversely affect a reappointment which, under certain circumstances, may be made without examination in the discretion of the Surgeon General.

665. At stations where more than two nurses are serving, or when a vacancy exists, one may be assigned temporarily as chief nurse. Such temporary assignment to duty as chief nurse will be made the subject of a special report to the Surgeon General, in which her manner of filling the position will be stated.

SECTION 6.—ASSIGNMENTS AND TRANSFERS.

671. (*a*) Nurses will be assigned to duty by direction of the Surgeon General, and they will be required to serve at home or abroad. Their services are available for sick, wounded, and disabled officers, enlisted men, and other patients in naval hospitals and for such special duty as may be deemed necessary by the Surgeon General. When traveling under orders by land or sea, they will assist in the care of sick officers and enlisted men who may be present on the same conveyance, such services being rendered under the direction of a medical officer, if one is present, and report for such service shall be sent to the Surgeon General by competent authority.

(*b*) The families of officers and enlisted men are not entitled to the services of Navy nurses, and they will not be detailed for such duty except with the prior approval of the Surgeon General. An emergency requiring such services in advance of approval should be reported to the Surgeon General, stating all the circumstances.

672. (*a*) The first six months after appointment shall be regarded as a probationary period to observe the professional, moral, mental, and physical fitness of the nurse for the naval service in connection with the special instruction, duties, and adaptability to community environment peculiar to the Navy.

(*b*) Three weeks prior to the expiration of the probationary period the bureau will forward the prescribed form for a supplementary physical examination to be made and returned to the Surgeon General, observing the requirement of confidential communications.

(*c*) At the same time the chief nurse shall submit a special efficiency report relative to general fitness and aptitude, considering the professional, moral, and mental qualifications of the nurse, and making such recommendation as may be indicated by the report. The medical officer in command will state by indorsement whether or not he concurs in the opinions expressed; and also will make recommendation as to whether or not he considers the probationer qualified for retention in the Navy Nurse Corps.

(*d*) Failure to meet the physical requirements for duty in any climate and inaptitude for the service will determine recommendation of revocation of appointment.

(*e*) The bureau will inform the probationer concerning the requirements of *a*, *b*, *c*, and *d* of this paragraph prior to her assignment to duty.

673. A tour of duty at each station will be usually not less than two years. When assigned to hospital ships or to stations involving extensive travel, the tour of duty will be accounted two years at least from date of orders.

674. When nurses are required at a hospital or other station, the medical officer in command will make application to the Surgeon General, through official channels, stating the number required and the necessity. A surplus of nurses on the station at any time should be immediately reported to the Sur-

geon General and, on a foreign station, to the commandant or commander in chief.

675. Nurses will not be transferred without the authority of the Surgeon General, except at stations beyond the continental limits of the United States, where, upon the recommendation of the medical officer, transfers may be directed by the commander in chief. A commander in chief on a foreign station may direct the return of surplus nurses to the United States. Nurses so transferred will be directed to report immediately upon arrival in the United States to the medical officer in command of the naval hospital nearest to the port of arrival. The nurses will be placed on temporary duty awaiting instructions from the Surgeon General. Such transfer of nurses will be reported at once to the Surgeon General, with a statement of the circumstances.

676. Nurses in complying with orders involving a change of station will be governed by article 702, Naval Instructions, affecting officers in like circumstances.

677. A nurse will not leave her station except under orders or when granted leave of absence.

Section 7.—Leave of Absence.

681. Members of the Navy Nurse Corps are entitled by law to cumulative leave of absence, with pay, at the rate of 30 days for each calendar year of service in the corps, to be reckoned in each case from the date of her letter of appointment. Extra leave of absence with pay on account of illness can not be granted. Leave credit will not be allowed for periods of absence without pay.

682. (*a*) Leave may be accumulated at the rate of two and one-half days for each month of completed service, including periods of leave with pay granted under appointment. The accrued amount may be granted whenever the exigencies of the service permit. Final leave to the amount accumulated and unusued not to exceed 120 days will be granted prior to honorable discharge.

(*b*) Upon showing good and sufficient reason for such request leave without pay not to exceed one month may be granted when the requirements of the service permit.

683. Leave accruing but unused under one appointment will not be credited under a subsequent appointment, but this ruling does not apply to a continuation of service beyond the three-year term.

684. (*a*) Authority to grant leave of absence in excess of 10 days rests only with the Surgeon General, subject to modification in section (*d*) of this paragraph.

(*b*) Requests for leave of absence or extension thereof shall be submitted by the nurse in writing, using the prescribed form, and shall not be embodied in other requests. Sufficient time shall be allowed for delay and transmission by mail.

(*c*) Nurses absent over leave shall be automatically on status of leave without pay and shall be reported to the Surgeon General with such explanation as may be submitted for definite action.

(*d*) In the case of nurses on duty at hospitals or on hospital ships beyond the continental limits of the United States the commanding officer may grant leave of absence as provided in paragraph 681. The original orders granting such leave will be returned to the nurse, and the period of leave and by whom granted shall be reported to the Surgeon General.

685. (*a*) When accumulated leave of absence with pay is granted to a nurse on service in Alaska or beyond the continental limits of the United States for the purpose of coming to and returning from the United States, such leave shall be calculated between the date she reached or might have reached the United States and the date she left or should have left the United States via the usually traveled routes. If the nurse's return to service abroad is not required, the termination of her leave shall be calculated from the date she

arrived or should have arrived in the United States via the usually traveled route.

(*b*) In the case of a nurse coming to the United States from or going from the United States to the Philippine Islands, who desires to make the journey by a route other than the customary one in order to visit foreign countries on leave of absence while en route, an allowance of 30 days, as on status of duty without right to reimbursement of traveling expenses, will be made in addition to the time granted as for leave of absence to cover the average amount of time necessary to perform the journey from the Philippine Islands to the usual port of arrival in the United States or from said port to the Philippine Islands; and in calculating her leave the said period of 30 days for travel shall in each instance be excluded.

686. When leave with pay is granted a nurse on service in the Philippine Islands to be absent therefrom other than to come to the United States, such leave shall be calculated between the date of reaching Manila from her station and the date of leaving Manila in returning to her station. (C. M. M. D. No. 3, Apr. 26, 1912.)

687. A nurse who has returned to the United States on leave of absence or who has been detached from her station and granted leave, will report in writing to the Surgeon General at least one week prior to the expiration of said leave.

688. Permission to leave the United States must be obtained from the Secretary of the Navy, and requests for such leave should be submitted with due regard for time required for this official procedure.

689. (*a*) When nurses are transferred, statements of the leave with pay at that station shall be made in duplicate; one copy for the information of the pay officer who is carrying the accounts, and the second for the information of the pay officer who will take up the accounts. Final leave of absence prior to discharge will be computed by the Bureau of Medicine and Surgery for the information of the pay officer carrying the accounts of the nurse.

(*b*) The register of the chief nurse should be kept posted to date showing the amount of leave granted and taken.

SECTION 8.—DISCHARGES.

691. Nurses are entitled to discharge at the expiration of the three-year term of service from the date specified in the letter of appointment, except that nurses under orders to proceed home to await discharge will not be discharged until arrival home, or until they shall have had time to arrive home by following the usual route of travel with ordinary diligence, or as provided for in paragraph 685 (*a*).

692. Nurses may be discharged at any time prior to the expiration of their three-year term of service: (1) Upon their services being no longer needed; (2) on account of physical disability interfering with active service; (3) for unsuitability (as outlined in paragraph 672 (*a*), inefficiency, or misconduct, 698 (*b*); and (4) upon their own application, under certain conditions.

693. When discharged at the expiration of term, the following indorsement will be placed on the letter of appointment:

---, 19--

--- is honorably discharged from the Navy Nurse Corps by reason of the expiration of the term of her appointment.

Surgeon General, U. S. N.

694. When the letter of appointment is not available for the above indorsement, a letter of discharge of equivalent purport will be furnished.

695. A nurse honorably discharged except upon her own request will be given orders to proceed home and will be entitled to transportation and necessary

expenses, as hereinafter provided. Timely action will be taken to enable her to reach her home before the beginning of her final leave of absence, unless she shall prefer to take her final leave before arriving home, in which event travel orders will be arranged accordingly. A nurse on a leave status is not entitled to traveling expenses.

696. An application for discharge prior to the expiration of the three-year term may be made by letter forwarded through official channels to the Surgeon General, stating the reasons. If the discharge is authorized, the following indorsement is placed on the letter of appointment.

---, 19--

With the approval of the Secretary of the Navy, the resignation of ---------- is accepted.

Surgeon General, U. S. N.

This indorsement is also placed on the letter of appointment of a nurse who applies for and is given a discharge prior to the completion of two years continuous service following transfer involving extensive travel.

697. Orders to proceed home will not be issued (1) to a nurse securing discharge upon her own application, except to a nurse discharged upon her own election because of reduction from the grade of chief nurse; (2) or before the completion of two years of continuous service involving extensive travel, or to a nurse who, failing to apply for continuation of service at the end of the three-year period in which she is serving, is discharged on or about the expiration of such period; (3) or to a nurse who is discharged for misconduct, see 698 (*b*).

698. (*a*) A recommendation for discharge of a nurse on account of misconduct, 698 (*b*) will be forwarded to the Surgeon General. A full report of the facts must be submitted after a careful investigation, in which the nurse concerned shall have full opportunity to be heard in her own defense. Should final action result in discharge, the indorsement on the letter of appointment shall read "for misconduct." If stationed outside the continental limits of the United States a nurse discharged for misconduct will be given transportation and allowed necessary expenses to the home port nearest the station.

(*b*) The term "misconduct" includes insubordination; refusal to obey orders from proper authorities; and the case of a nurse who of her own motion quits or abandons the service in advance of discharge or in advance of detachment from station as per orders; or any other offense against military authority.

699. A nurse ordered home for discharge will at once report by letter to the Surgeon General the date and hour of her arrival home.

Section 9.—Reports and Returns.

701. On the last day of each month, or as soon thereafter as may be practicable, a return of nurses will be submitted to the Surgeon General by the medical officer in command of every hospital or station to which nurses are attached.

702. The return of nurses shall give, in alphabetical order, the names of all the nurses who have been on duty during the month or any part of a month, and all changes with dates which have taken place in the status of nurses since the preceding return, including leaves of absence, transfers, and days of illness.

703. (*a*) On the last day of the month the medical officer in command of the hospital, or under whom nurses are serving, will advise the pay officer concerned, on form prescribed for the purpose, the number of nurses on duty during the month, noting number of days each nurse (1) subsisted herself, (2) was subsisted by the Government, (3) was on leave with or without pay. The medical officer will also inform the pay officer regarding the assignment of chief nurse or acting chief nurse.

(*b*) On the last day of the quarter the quarterly subsistence report shall be rendered in triplicate on the form prescribed for the purpose.

704. Efficiency reports will be submitted to the Surgeon General on the 1st day of January, April, July, and October. When a nurse is transferred, a special efficiency report will be sent to the medical officer of her new station, to be appended to the next quarterly report submitted to the Surgeon General.

When a nurse is discharged, the special efficiency report shall be sent direct to the Surgeon General.

705. (*a*) Efficiency reports will be prepared by the chief nurse. The medical officer will state by indorsement thereon whether or not he concurs in the opinions expressed and the marks assigned. In each case the report of the nurse shall indicate the character of her professional ability, manner and performance of duty, conduct, adaptability for the service, physical fitness, special ability, and correctness of uniform. The nature of special details and dates of absence from duty shall be noted and reasons for unsatisfactory rating shall be fully stated. The chief nurse will report favorably on nurses who prove themselves possessed of marked executive and nursing ability, together with good judgment and tact, recommending that such nurses be placed on the eligible list for promotion to chief nurse. The special efficiency report in case of transfers will note such recommendations and will state the amount of night duty performed.

(*b*) Nurses will be reported as in four classes, namely: Class 1, those who are well adapted in every respect for the Navy work; class 2, those who are suitable for retention in the Navy, though not so thoroughly satisfactory as those in class 1; class 3, those who are not adapted for Navy work and who are recommended for discharge; class 4, those who have been recommended for immediate discharge on account of misconduct (689, b).

(*c*) A nurse reported under class 3 shall be so informed, and may make a statement in writing with regard to the adverse report if she so desires. Should improvement be noted during the quarter indicating a higher grade, a special efficiency report noting this fact shall be sent to the Surgeon General. Two reports grading a nurse 3 will be considered sufficient, as a general rule, to indicate inaptitude for the service. A nurse reported in class 4 shall be so informed, and a full report shall be submitted after careful investigation of the charges of misconduct. The nurse shall be given an opportunity to be heard in her own defense, and any written explanatory statement shall be forwarded with this report (689, b).

(*d*) The medical officer in command will report on the efficiency of the chief nurse, specifying in detail the quality of the service rendered by her, with special reference to her executive ability, good judgment, tact, and correctness of uniform.

(*e*) Efficiency reports are to be regarded as confidential, open only to the chief nurse, executive surgeon, and higher authorities. The commanding officer of a hospital or medical officer of a station to which nurses may be attached will therefore see that these reports are properly safeguarded and transmitted direct to the Bureau of Medicine and Surgery in sealed envelopes, marked in the lower left corner "Confidential."

706. Illness considered to be of a confidential nature, if affecting the efficiency of a nurse, will, when occurring, be the subject of a special report to be made privately by the chief nurse to the commanding officer and by him forwarded to the Surgeon General.

707. Changes in the status of nurses, such as arrival, departure, leave of absence, orders, etc., disability, or death shall be reported immediately to the Surgeon General by means of information slips giving in each instance the full name, accurate dates, and periods.

708. (*a*) Members of the Nurse Corps shall forward all communications relating to official matters through official channels. (I 5323; 5329.)

(*b*) The chief nurse, or acting chief nurse, shall be responsible to the medical officer in command for the preparation of the reports, returns, and information slips concerning the nurses, and she shall be directed to indorse or initial all

official papers in connection with the nurses requiring the signature of the medical officer in command.

(*c*) The register of the chief nurse shall be kept posted to date, showing all changes in status of nurses, noting the grade and special comments on efficiency reports, and shall be available at all times for the information of the medical officer in command.

Section 10.—Illness.

711. A nurse is entitled to receive medical attendance and treatment from medical officers of the Navy when ill. Full report on all cases will be entered on prescribed forms (Health Record, Form F) as supernumeraries.

712. Medical attendance and treatment will usually be provided for at the hospital where a nurse is serving, but when reported as desirable, the Surgeon General may recommend transfer to another naval hospital for treatment.

713. When treatment by a specialist is required for a nurse on duty, the necessary services may be obtained, as provided in article 4534 (4) Navy Regulations.

714. When medical treatment, including medicine, nursing, and hospital care, is required by a nurse on duty with any command or detachment, and can not otherwise be had, the commanding officer may employ the necessary civilian service to furnish the same, and just accounts therefor will be paid by the Medical Department. When the nurse who requires such treatment is on duty where there is no officer, she may arrange for the required service. When medical treatment is required by the superintendent of the Nurse Corps while on duty and can not otherwise be had she may in like manner procure the necessary civilian service, just accounts therefore to be paid by the Medical Department. (A. R., 1913. Art. 74. Sec. 1476. Par. 4.)

715. Bills contracted by a nurse for medical attendance while on leave or absent without leave can not be allowed.

716. A nurse will not be discharged for disability contracted in line of duty until after reasonable time has been allowed for treatment.

717. Health records (Form H) shall be kept by the chief nurse except when required by medical officer for appropriate entries. It shall be the duty of the chief nurse to transmit the health records direct to the station to which a nurse is transferred or to the bureau upon termination of service of nurse. The envelope containing the record to be marked in lower left corner "Confidential."

Section 11.—Pay and Allowances.

721. The pay of the Nurse Corps and the rent of quarters for the use of its members is paid from the appropriation "Pay of the Navy"; the cost of subsistence from the appropriation "Provisions, Navy"; and traveling expenses from the appropriation "Pay, miscellaneous."

722. In calculating logevity pay for nurses, credit for previous service in the Nurse Corps of the Army will be allowed. Service as contract nurse prior to the establishment of the Nurse Corps can not be counted in this connection. (Comptroller's decision, July 22, 1910.)

723. (*a*) Nurses are entitled to $10 a month extra pay when serving beyond the limits of the United States comprising the Union and the Territories of the United States contiguous thereto (except Porto Rico and Hawaii), said additional pay to commence on date of sailing from the United States under orders to foreign duty. (Comptrollers' decision, Apr. 12, 1911.)

"(*b*) A nurse on leave of absence with pay, who, having been attached to a station beyond the continental limits of the United States, shall elect to take her leave of absence at a point beyond the continental limits of the United States, without returning to the United States, shall be entitled to the extra pay of $10 a month during the period of leave with pay. (Comptroller's decision, Jan. 25, 1916.)"

724. Pay accounts will also be credited under conditions outlined and provided in paragraphs 741 and 753.

725. (*a*) A nurse when assigned to duty as chief nurse in a hospital or on a hospital ship or ambulance ship, will be allowed $30 per month in addition to her pay as nurse.

(*b*) The additional pay provided above for chief nurses will be allowed only after reporting for duty and when actually serving as such; when on leave of absence or making passage between stations, they will draw only their pay as nurses.

(*c*) When a nurse is temporarily appointed chief nurse, to act in the absence of the regular appointee, on leave or otherwise absent, during such assignment she may be allowed the additional pay provided for chief nurses.

726. Pay officers will take up the accounts of a nurse upon presentation of her original appointment and a certified copy thereof and a certified copy of her orders, with all indorsements thereon.

727. Certified copies of orders assigning nurses to duty as chief nurses will be presented to the pay officer concerned.

728. When the appointment of a nurse is revoked, when she is discharged, or when she is transferred from one hospital or station to another, the medical officer in command or under whom she has been serving shall notify the pay officer concerned.

729. When transferred to another hospital or station, the pay officer shall furnish a nurse with a transfer account in the same manner as for officers or enlisted men of the Navy, showing the rate of pay and date, inclusive, to which paid.

730. The superintendent shall be entitled to the same allowances, when on duty, as members of the Nurse Corps.

731. Nurses will be checked 20 cents per month, to be credited to the naval hospital fund, as in the case of officers and enlisted men.

732. Sales of subsistence stores will be made at cost price for cash, and will be made on a certificate that they are for her personal use, to a nurse when stationed within a military post or serving with troops in the field. (A. R., 1913. Art. 73. Sec. 1239.)

Section 12.—Subsistence.

741. (*a*) For each day a nurse is subsisted by the Government the account of the nurse will be credited for commutation of rations in sundry column at the rate of 40 cents per day and will be checked in the same amount.

(*b*) For each day a nurse subsists herself she will be credited in the sundry column with 40 cents.

(*c*) Nurses on detached duty in a city or town or at a station where subsistence is not furnished by the Government will receive commutation of rations at the rate of $1 per day.

742. Nurses on leave of absence with pay will receive commutation of rations at the rate of 30 cents per day. Army Regulations, Circular, par. 1223, July 5, 1916.

Section 13.—Quarters.

751. (*a*) When on detached service, or assigned to special duty in places where there are no public quarters available, the allowance of quarters for each member of the Nurse Corps, is fixed at two rooms, to be provided by the Quartermaster Corps, with allowances of fuel and stoves not to exceed those prescribed in paragraph 1044, and of light not to exceed the quantities prescribed in paragraphs 1054 and 1057, A. R. 1913.

(*b*) When on duty in hospitals, or where nurses' buildings have been provided, such quarters as may be available will be provided for the use of members of the Nurse Corps, in which case heat and light will be supplied as may be necessary to be regulated by the surgeon and commanding officer.

The allowances for the superintendent of the Nurse Corps when on duty are the same as those prescribed for members of the Nurse Corps. (A. R. 1913, art. 73, sec. 1045, pars. 1 and 2. R. 4514.)

752. (*a*) When practicable the allowance of quarters provided for nurses on duty at a naval hospital will include one dining room, one kitchen, one sitting room and the necessary toilets and bathrooms for the use in common of all the nurses, with a separate bed room for each nurse and for the chief nurse. At hospitals where more than five nurses are stationed, an office and a separate bathroom and sitting room will be provided for the chief nurse.

(*b*) The bureau will supply the necessary linen and furniture for quarters of nurses on duty in hospitals. Linen will be laundered in the hospital laundry.

753. As authorized by the urgent deficiency act June 15, 1917, nurses of Navy will receive same allowance as nurses of Army in lieu of quarters, when not occupying Government quarters, which amount will be credited on the pay roll upon the certificate of the senior medical officer at the hospital or station where members of said Nurse Corps may be serving that applications for, and no assignment of, quarters has been made and that Government quarters are not available.

SECTION 14.—TRANSPORTATION AND TRAVELING ALLOWANCES.

761. (*a*) Nurses traveling under orders are entitled at public expense to their own transportation and to traveling allowances and transportation of baggage as provided in accompanying schedule.

(*b*) Cost of transportation by the shortest usually traveled route, when transportation in kind or transportation request is not furnished.

(*c*) Actual cost of baggage transwer as required by necessities of the journey; receipt to be furnished; baggage limited to not more than two pieces.

(*d*) Cost of one lower berth in sleeping car, seat in parlor car, or usual stateroom accommodations on boat, when extra charge is made therefor.

(*e*) Cost of meals, including tips, not to exceed $4.50 per day while en route, when meals are not included in the transportation fare paid.

(*f*) Cost of meals, tips, and lodging during necessary delays en route, not to exceed $4.50 per day.

(*g*) Cost of meals and lodging, including baths, tips, and laundry work, not to exceed $4.50 per day while on duty designated in orders for the performance of temporary duty; but reimbursement for such expenses will be limited to $1 per day after the first 30 days at any one place.

(*h*) Excess baggage, not to exceed 100 pounds, as per receipt.

(*i*) Street car fare, or under exceptional circumstances, when street car service is not available, actual cost of cab, carriage, or taxi hire. When charge is made for cost of conveyance other than street car, full explantion of necessity therefore must be made and approval of the Secretary of the Navy obtained therefor.

(*j*) When travel covers less than a full day: Single meals not to exceed $1.25, and tips at single meals not to exceed 15 cents each.

762. (*a*) When transportation in kind is not furnished, and transportation requests can not be procured, the nurse may pay her own travel fare (which must not exceed the cost of a first-class limited ticket between her starting point and her destination), and ask for reimbursement in her expense account in accordance with the following section.

(*b*) Chief nurses and nurses taking passage on a Government vessel will be furnished meals in the ward room (or saloon) mess.

(*c*) When a nurse traveling under orders incurs expenses for which she is entitled to reimbursement, upon completion of the travel she will prepare her accounts of the same in duplicate on the prescribed form (S. & A. Form 90).

(*d*) Upon arrival home for honorable discharge she will forward a complete and detailed account of her expenses with a certified copy of her discharge to the Paymaster General.

(*e*) Transportation requests which are not used shall be returned to the pay officer who issued them. If transportation requests are exchanged for tickets, which as a whole or in part remain unused, said tickets or portions thereof shall be similarly returned.

(*f*) Transportation over seas will be by Government conveyance when practicable.

Section 15.—Uniforms.

771. The uniform and badge of the Navy Nurse Corps will be according to patterns and specifications prescribed by and on file in the Bureau of Medicine and Surgery.

772. A nurse provides her own uniform which may be procured within a period of six months after she reaches her station of duty. Detailed instructions on the subject will be supplied by the chief nurse.

773. The uniform will be worn invariably during the hours of duty. Nurses not in uniform will not be allowed in the wards.

774. Nurses' uniforms will be washed in the hospital laundry when a laundry is provided.

Section 16.—Reserve Nurses.

781. A nurse who serves faithfully and satisfactorily for at least six months and has resigned for good and sufficient reason will be placed on the reserve list, if she so desires.

782. A reserve nurse must sign an agreement to enter active service whenever needed, and report by letter her residence to the Surgeon General on the 1st of January and the 1st of July of each year. A reserve nurse will be entitled to wear the badge of the Navy Nurse Corps, but not entitled to pay or allowances except when on active duty.

783. When called into active service a reserve nurse will be subject to all established rules and regulations and will receive the pay and allowances of nurses of the active list.

784. A nurse will be dropped from the reserve list upon reaching the age of 45 years; or if she ceases for five years to practice her profession; or if she becomes permanently incapacitated by ill health; or if she fails, without satisfactory reason, to respond promptly to a call into active service; or if she fails to notify the Surgeon General of any change in her permanent address; or for other good and sufficient reasons; but a nurse shall not be dropped from the reserve list without due notice of the cause for such action and an opportunity to reply to any charges which may be made against her.

Section 17.—Nurse Corps, United States Naval Reserve Force.

790. A candidate for enrollment as nurse is first examined for enrollment in the provisional grade of nurse, United States Naval Reserve Force. After her enrollment is accomplished, should she so desire, she may make request for active duty for confirmation in grade; and after the completion of a minimum period of three months' active service she is again examined and, if found qualified, is confirmed in grade. Legislation establishing the United States Naval Reserve Force contains in substance matter referable to enrollment of nurses, as follows:

(*a*) A member must be a citizen of the United States.

(*b*) A member obligates herself to perform and may be ordered to active service in the Navy throughout a war, or during the existence of a national emergency declared by the President, should either arise during her term of enrollment.

(*c*) A member enrolls or reenrolls for a term of four years.

(*d*) In time of peace, and when no national emergency exists, a member may be discharged upon her own request, upon reimbursing the Government

for any clothing gratuity that may have been furnished during her current enrollment.

(*e*) A member is required to take the oath of allegiance to the United States.

(*f*) A member after enrolling may, in time of peace, upon her own request, be assigned active duty in the Navy for such periods of instruction and training as may enable her to qualify for and be confirmed in grade.

(*g*) For confirmation in grade a member must serve the minimum amount of active service required (three months) and must qualify by examination under regulations prescribed by the Secretary of the Navy.

(*h*) The minimum active service required for maintaining the efficiency of a member (Naval Coast Defense Reserve) is three months during each term of enrollment. This active service may be in one period or in periods of not less than three weeks each year.

(*i*) A member receives retainer pay of $12 per annum while enrolled in her provisional grade, provided she makes such reports concerning her movements and occupation as may be required by the Secretary of the Navy. After confirmation in grade her annual retainer pay is two months' base pay of nurse in the Navy. Retainer pay is in addition to any pay to which a member may be entitled by reason of active service. As noted below, members of the Volunteer Naval Reserve do not receive any retainer pay.

(*j*) A member who reenrolls for a term of four years, within four months of expiration of last complete enrollment, and who has performed the minimum amount of active service required during the preceding term of enrollment, for each reenrollment receives an increase of 25 per cent of her base retainer pay. A member who completes 20 years of service, and who has performed the minimum amount of active service to maintain efficiency during each term of enrollment, on her own application will be retired with grade held at the time, with a cash gratuity equal to the total amount of her retainer pay during her last term of enrollment.

(*k*) A member may accept employment in any branch of the public service except as a nurse in any branch of the military service of the United States or any State thereof. In other words, a nurse enrolled in the Naval Reserve Force can not obligate herself to other military authority.

(*l*) A member is subject to the laws, regulations, and orders for the government of the Regular Navy only during such time as she may, by law, be required to serve in the Navy in accordance with her obligation, and when on active service at her own request, and when employed in authorized travel to and from such active service in the Navy.

(*m*) A distinctive badge or button will be issued to be worn only by members of the United States Naval Reserve Force. A penalty is assigned when unauthorized persons wear or use this emblem.

(*n*) A member when actively employed is entitled to the same pay and allowances, gratuities, and other emoluments as a nurse in the Navy Nurse Corps of corresponding grade and of the same length of service. When not actively employed, a member is not entitled to pay, bounty, gratuity, or pension, except as expressly provided by the provisions of the act of August 29, 1916, creating the Naval Reserve Force.

792. (*a*) Enrollment of persons shall be made in the Naval Coast Defense Reserve, class 4, or Volunteer Naval Reserve for duty in the Naval Coast Defense Reserve, class 4, United States Naval Reserve Force. (Members of the Volunteer Naval Reserve receive no retainer pay or uniform gratuity in time of peace, but when on active duty they receive the service pay of their grade and service.)

(*b*) A candidate for enrollment as above must be between 22 and 44 years of age and a citizen of the United States, and unmarried. She must be a graduate of a reputable training school connected with a recognized general hospital, giving not less than two years' continuous training. Candidates for enrollment from States where State board laws are operative are required to be registered

(*c*) Application for enrollment must be made in the handwriting of the applicant according to the following form:

_____
(Residence.)
_____, 19__.

SIR: I request permission to be examined for enrollment in the provisional grade of nurse, Naval Coast Defense Reserve, class 4, United States Naval Reserve Force.[1]

I was born at _____, and was _____ years of age on the _____ day of _____, 19__; graduated from _____ training school _____, 19__, and am a registered nurse in the State of _____.

I am a citizen of the United States, residing in _____, county of _____, in the State of _____.

I forward herewith letters testifying to my moral character, preliminary education, nursing education, registration certificate, and professional qualifications.[2]

Very respectfully,

_____
(Name in full written legibly.)

CHIEF OF THE BUREAU OF MEDICINE AND SURGERY,
Navy Department, Washington, D. C.

(*d*) The above application must be accompanied by the following certificates:

(1) Letters or certificates from two or more persons of good repute testifying from personal knowledge to good habits and moral character.

(2) A certificate of preliminary education. The candidate must submit a certificate of graduation from an accepted high school or a certified statement of an acceptable equivalent.

(3) Certificate of nursing education. This certificate should give the name of the school, the hospital with which it is connected, and the date of graduation.

(4) Letter from the alumna association of which she is a member.

(5) Certificate of registration, or certified copy thereof.

(6) If the candidate has had hospital service or special educational or professional advantages, certificates to this effect, signed by the proper authorities, should also be forwarded.

A certificate of enrollment in the American Red Cross will be accepted in lieu of the above certificates.

(*e*) The applicant will save unnecessary correspondence if she will make sure when submitting her application that the qualifications enumerated above are clearly and plainly described in her letters or certificates.

793. After passing upon the credentials of a candidate the Bureau of Medicine and Surgery will direct the examination of the candidate for enrollment in the provisional grade of nurse in accordance with the following instruction:

(*a*) *Professional examination.*—(1) Certificates with regard to the professional ability of the candidate will be obtained by the Bureau of Medicine and Surgery from superintendents of training schools and from State boards of examiners.

(2) Candidates may be required to take a written examination in the following subjects: Anatomy, physiology, materia medica, medical and surgical nursing, and dietetics. Two questions in each subject.

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[1] When directed, the applicant should substitute the words "Volunteer Naval Reserve for duty in the Naval Coast Defense Reserve, class 4, United States Naval Reserve Force," for the words "Naval Coast Defense Reserve, class 4, United States Reserve Force."

[2] These certificates, mentioned in detail elsewhere, are not required of applicants who have been nurses with a clear record of service in the Nurse Corps of the Army or Navy; but these applicants will be required to state the period of their Army or Navy service, and also to submit evidence of professional employment following discharge from the service.

(3) When the written examination (*b*) is not required, the candidate will submit a prescribed essay on nursing subjects designated by the Bureau of Medicine and Surgery.

(4) When the written examination (*b*) and the essay (*c*) are not required, the Bureau of Medicine and Surgery may direct an oral examination to be conducted by such examiners and at such places as may be determined upon by the bureau.

Due credit will be given for knowledge and experience in the case of candidates who have specialized in certain branches and who have had exceptional institutional experience, and the examination will be modified accordingly.

(*b*) *Physical examination.*—Reports of physical examination must be made by a medical examiner on blank forms supplied by the bureau for this purpose. The reports are not given to the candidate, but are sent direct to the Bureau of Medicine and Surgery and are regarded as confidential.

No allowance will be made for the expenses of persons appearing for examination.

Candidates may appear for examination before a medical officer of the Army or Navy.

794. The examination papers and reports are forwarded to the Bureau of Medicine and Surgery, Washington, D. C., for approval. When the candidate is found mentally, morally, professionally, and physically qualified, the Surgeon General, United States Navy, will recommend to the Bureau of Navigation that the candidate be provisionally enrolled as a nurse, Naval Coast Defense Reserve, class 4, United States Naval Reserve Force.

795. *Confirmation in grade.*—Nurses provisionally enrolled in the Naval Coast Defense Reserve, class 4, who apply to the Bureau of Medicine and Surgery for permission to perform the minimum amount of active service required for confirmation in grade, and who, after completing the active service required, request permission to be examined for confirmation in grade, will be given an examination in accordance with the following instructions:

(*a*) *Physical examination.*—A report of physical examination on the prescribed form submitted by the bureau will be required.

(*b*) *Professional examination.*—(1) Letter from the candidate to the Surgeon General giving a brief statement of her professional education.

(2) Examination of acitve-service record as noted in the filed efficiency reports.

(3) A written or oral examination will be required to determine whether or not the candidate possesses a knowledge of Navy Regulations and the Manual for the Medical Department appropriate to her grade. This examination will be sufficiently comprehensive to determine the candidate's qualifications to perform the duties of a nurse under the usual service conditions.

796. Those nurses provisionally enrolled in the United States Naval Coast Defense Reserve, class 4, who have been found qualified by examinations will be confirmed in grade.

CHAPTER 6.

THE DUTIES OF MEDICAL OFFICERS (AND DENTAL OFFICERS).

Section 1.—Laws Relating to Duties Afloat.

801. Distilled spirits only as medical stores for medical purposes. Sec. 1624, R. S.; R 13.

802. Commanding officer to consult surgeon regarding health of crew. R 20 (8).

803. Duties of fleet surgeon. Sec. 1374, R. S.

804. Loss of pay of officers and men for absence from duty on account of disease resulting from intemperate use of drugs or alcoholic liquors, or other misconduct. Act April 27, 1914. Act August 29, 1916.

Section 2.—Navy Regulations Relating to the Duties of the Medical Officer of a Ship.

811. (*a*) Organization of the Medical Department. I 2501 (1).
(*b*) General duties and authority of medical officer. R. 2951.

812. Contagious and infectious diseases, prevention, care, and treatment of R 2952.

813. Sanitary condition of ports visited. R 2953.

814. Sanitary suggestions and reports. I 1122 (5); R 2954.

815. Precautions against disease among personnel of the ship. R 2955 (1).

816. Malingering. R 2955 (2).

817. Concealed diseases. R 2955 (3).

818. Relief of wounded and instruction in first-aid. R 2956.

819. Killed and wounded, report of. R 2957.

820. Inspection of food for the ship. R 2959.

821. Unofficial certificates of ill health prohibited. R 2958.

822. Medical survey or transfer to hospital of persons unfit for duty. R 2960.

823. Transfers:
(*a*) Medical officer to accompany serious cases, if practicable. R 2961 (1).
(*b*) Papers accompanying patients. R 2961 (2).
(*c*) Examination of men before transfer. R 2961 (3).

824. Patients transferred to other than naval hospitals, procedure regarding:
(*a*) Medical history continued until ship leaves port. R 2962 (1).
(*b*) Health record transferred to consul upon departure. R 2962 (2).
(*c*) Medical officer of a ship arriving in port to take charge of such patients. R 2962 (3).
(*d*) Hospital expenses. R 2962 (4).
(*e*) Patient so transferred or received shall be reported. R 2962 (5).

825. Certificate (report) of death:
(*a*) Prepared in duplicate and one additional for commander in chief. R 2963 (1).
(*b*) In case of officers, additional copy to Bureau of Navigation. I 5247 (36).
(*c*) Origin of disease or injury causing death to be noted with reasons. (See also Fleet Regulations.) R 2963 (2).

826. Medical storeroom, precautions regarding. R 2964.
827. Custody of spirits, wines, and malt liquors. R 2965.
828. Epidemic or contagious diseases, reports of; and sanitary data from foreign ports. R 2953; R 2966.
829. Duty in connection with indorsement on records of summary courts-martial. R 621; R 2967.
830. Absence or disability of medical officer, next in rank to succeed. R 2968.
831. Officer detached during cruise to inspect department with his relief. R 2051.
832. Loss of pay of officers and men for absence from duty on account of disease resulting from intemperate use of drugs or alcoholic liquors or other misconduct. General Orders Nos. 100 and 231.
833. To prepare misconduct reports; see 2820. General Orders, Nos. 100 and 231.

SECTION 3.—NAVAL INSTRUCTIONS RELATING TO THE DUTIES OF THE MEDICAL OFFICER OF SHIP.

841. Duties connected with the fitting out of a ship. I 2101.
842. Examination of crew and verification of records. I 2102.
843. Vaccination. I 2103; I 3211; I 3212.
844. Charge of sick bay and other compartments under Medical Department to be assumed by the medical officer. I 2104.
845. Attention paid the sick by Hospital Corps and when to summon medical officer. I 2105 (1–2).
846. Consultation with other officers regarding professional treatment. I 2106.
847. Daily report of sick. I 2107.
848. Binnacle list. I 2108.
849. Instruction in first aid. I 2109; I 2641.
850. Inspection of provisions for crew. I 2110; I 2618 (2).
851. Preparation of food. I 2111.
852. Testing water. I 2112.
853. Inspectio nof fresh provisions and contents of bumboats. I 2113 (1–2); I 1802 (1); I 4482 (1).
854. Inspection of cells and prisoners. I 2114.
855. Inspection of living spaces, holds, and storerooms. I 2115; I 2702 (2).
856. Patients received for passage. I 2116.
857. Health records. I 2117 (1–2); R 2994; I 707 (5).
858. Invoices and receipts of medical stores and supplies. I 2118 (1–7).
859. Requisitions for ensuing six months:
(*a*) Receiving ships and ships in reserve. I 2119 (1)*c*.
(*b*) Cruising ships. I 2119 (2).
(*c*) Ships on detached service. I 2119 (4).
(*d*) Special requisitions. I 2119 (5).
(*e*) Medical supplies for ships at navy yards. I 4475.
860. Allowances of medical stores and supplies.
(*a*) Based on supply table. I 2120 (1).
(*b*) Purchase to be avoided if possible. I 2120 (2).
(*c*) Stores for sick from other departments. I 2120 (3).
(*d*) Transfer of supplies between departments. I 4422.
(*e*) Supplies or services in emergencies. I 4472 (6).
(*f*) Medical supplies for ships at navy yards. I 4475.
(*g*) Medical supplies purchased to be selected by the head of department. I 4480.
861. Laundry and extra provisions. I 2121.
862. Surgical instruments and appliances replaceable only after survey. I 2122.
863. Loss of medical stores, etc. I 2123.

864. (1) Medical outfit when going out of commission. I 2124 (1).
(*a*) Medical supplies, etc. I 2124 (1)*a*.
(*b*) Microscopical outfit, etc. (I 2124 (1)*b*.
(*c*) Journal. I 2124 (1)*c*.
(2) Ships in reserve. I 2124 (2).
865. Transfer of stores.
(*a*) One medical officer to another. I 2125 (1).
(*b*) Medical officer to his successor. I 2125 (2).
(*c*) Hospital corpsman to his successor. I 2125 (3).
866. Bills of health. I 2126.
867. Sanitary report. I 2127. Also monthly from vessels of a fleet to commander in chief giving summary of contagious diseases and sanitary suggestions as required.
868. Duty in battle. I 2128.
869. (*a*) Station and duty at quarters. I 2129 (1).
(*b*) Surgeon's division. I 2129 (2).
(*c*) Duties of medical officer as divisional officer. I 2129 (3); I 2501 (1)*c*.
870. Personnel of surgeon's division.
(*a*) Composition and additional attendants. I 2130 (1).
(*b*) Under medical officer for issue of money, small stores, and clothing. I 2130 (2).
871. Breaches of discipline. I 2131.
872. Binnacle list and morning report of sick should correspond.

The primary object of the binnacle list is to supply the officer of the deck and other persons concerned with readily obtainable information regarding men excused from duty. The names of men excused after the morning report to the commanding officer has gone in are added to the binnacle list, and if still unfit for duty on the following day should then be regularly admitted to the sick list and entered on morning report to the commanding officer for his information, if necessary, under the caption "for observation," etc. Failure so to do vitiates statistics, leads to omissions from the health record of data that may be of great importance later on, and misrepresents the facts. For example, a ship having a complement of 100 men with 3 men on the sick list reports 3 per cent sick; a ship with 10 men on the *binnacle list only* would report 0 per cent sick, with obvious injustice to the former vessel's relative standing.

Section 4.—Navy Regulations and Naval Instructions Applying to Junior Medical Officers.

881. General duty. R 2976.
882. To keep health records. R 2977.
883. To consult with the medical officer. R 2978.
884. Permission to leave ship. R 2979.

Section 5.—Miscellaneous Duties of the Medical Officer Afloat.

891. Board of inspection and survey for ships. R 157 (1).

Note.—The medical officer of the board will carefully inspect the Medical Department of the ship in all details. He will also carefully examine the entire ship in regard to its sanitary condition, hygienic regulations, and its efficiency from a professional point of view, noting particularly its ability to cope with a contagious disease or the adequacy of the arrangements for action. (Extract from "Report of Board of Inspection.")

892. Boards of inquest. R 321 (2) R 322 (3).
893. Boards of medical examination. R 3551 (7–8) R 3525.
894. Boards of medical survey. R 361–366.
895. Medical certificate on court-martial proceedings. R 2967; R 621 (1).
896. Attention to comfort and welfare of troops embarked. R 3847 (2).

897. Medical certificate on members of general court-martial. R 727 (4).
898. Report on prisons, brigs, and other confinement spaces. R 1431 (1).
899. Medical aid to persons not in the Navy. R 1607.
900. Duty of boards to examine ships employed to transport sick. I 953.
901. Report indicating use of intoxicants or drugs. I 707 (5).
902. Report on use of harbor water on deck. I 2621.
903. Care of inflammable medical stores, acids, etc. I 2707 (5).
904. Selection of medical supplies. I 4480.
905. Certificate of admission to or discharge from hospital (foreign). I 4890 (6).
906. Medical attendance of personnel of vessels in reserve. I 570 (3).
907. Board of survey on material. I 4749 (1–6).
908. Examination of officers for periodical physical exercise. I 709.
909. Instruction in first-aid to officers. I 2641.
910. Instruction of the hospital corps. I 2642.

SECTION 6.—NAVY REGULATIONS APPLYING TO DUTIES OF MEDICAL OFFICERS ASHORE.[1]

911. Duties of medical officers at shore stations. (R 3941 (1)*h*) R 2901 (2).
912. General duties at navy yards and naval stations. R 4006 (1–3).
913. Attendance on officers' families in Washington. R 4006 (4).
914. Rules governing attendance on officers' families. R 4006 (5–6).
915. Expenditure of medical stores. R 4006 (7).
916. Precautions regarding contagious and infectious diseases. R 4006 (8).
917. Injured employees at navy yards. (I 3411) R 4006 (9).
918. Medical supplies at navy yards. R 4623.
919. Junior medical officers at shore stations. R 4007.
921. Duties of medical officers of navy yard in connection with yard service and employees' compensation for injuries. (See ch. 12, secs. 8–11.)
922. Duties of medical officers at recruiting stations. (See ch. 12, secs. 4–6.)
923. Duties at naval hospitals. (See ch. 8.)
924. Loss of pay of officers and men for absence from duty on account of disease resulting from intemperate use of drugs or alcoholic liquors, or other misconduct. General Orders, Nos. 100 and 231.

SECTION 7.—NAVAL INSTRUCTIONS RELATING TO DUTIES OF MEDICAL OFFICERS ASHORE. (SEE ALSO CH. 12. EMPLOYERS' LIABILITY ACT.)

931. Duties under employees' compensation act. I 391–393.
932. Duties as head of department at navy yard. I 3433.
933. Duties as medical officer of yard:
(*a*) Daily report of sick. I 3461 (1).
(*b*) Examination of recruits. I 3461 (2).
(*c*) Applicants for pensions. I 3461 (3).
934. Inspection of medical supplies. I 4678.
935. Selection of medical supplies, etc., for purchase. I 4480.
936. Medical officer of shore station to keep a bill book. I 3258.
937. Duties of medical officers at naval prisons and prison ships. (See Rules and Regulations for the Government of Naval Prisons, etc., arts. 9, 25, 55–60, and 99.)
938. Senior medical officer at Naval Academy to be head of department of naval hygiene and physiology and act as member of the academic board. (Gen. Order No. 10, Feb. 15, 1909.)
939. The expenditure of medical stores authorized by R 4006 (7) will be limited to such stores as are required to carry out the treatment prescribed

[1] For duties at naval hospitals see ch 8, secs. (5) (6) (7) (8) (9).

by the medical officer and will under no circumstances be construed to include expenditures for any other purposes.

SECTION 8.—MEDICAL INSTRUCTIONS. PHYSICAL EXAMINATION OF RECRUITS. (SEE ALSO CH. 11.)

941. Records of examination. I 3201.
942. Only medical officers to conduct examinations. I 3202.
943. Examination must be completed in every case. I 3203.
944. Care to be exercised in examinations. I 3204.
945. Examination of the applicant. I 3205.
946. Intelligence to be estimated from replies to questions. I 3206.
947. Age to be considered in determining standards. I 3207.
948. Entries to be made on service and health records. I 3208 (1–2).
949. Procedure when defects are waived by Navy Department. I 3209.
950. Reexamination of recruits sent from a rendezvous. I 3210.
951. Recruits to be vaccinated. I 3211 (1–2).
952. Typhoid prophylaxis to be administered to all persons. I 3212.

SECTION 9.—GENERAL INSTRUCTIONS RELATING TO THE DUTIES OF MEDICAL OFFICERS.

961. Medical officer to keep a journal. I 3251.
962. Health records and all other records, how to be kept. I 3252.
963. Prescription book. I 3253.
964. Statistical report of sick. I 3254.
965. Accountability for property expended. I 3255 (1–4).
967. Health record opened for all persons. I 3257.
968. Bill book. I 3258.
969. Sanitary report from shore stations. I 3259.
970. Employees not to have financial dealings with patients. I 3260.
971. Hospital and ambulance service. I 3261.
973. Biennial examination of pensioners. R. S. 4771.
974. Eyesight examination of candidates for gun pointer. I 2501 (3).

SECTION 10.—MISCELLANEOUS DUTIES AFLOAT.

981. (*a*) He shall see that the personnel of the Medical Department is at all times prepared for emergencies, especially during drills, coaling ship, and other evolutions. Due prominence should be given to the importance of their being immediately available for aseptic work.

(*b*) He shall carry out all the duties required of a divisional officer under Art. I 1822 to I 1827, inclusive.

982. Collision drill: The surgeon's division will make necessary preliminary preparation for saving the sick.

983. Fire drill: The surgeon's division will make preliminary provision for the removal of the sick. Inflammable liquids under the surgeon's charge will be removed to a place of safety, or, if necessary, thrown overboard. I 2707 (5).

984. Fire and rescue party: A medical officer is detailed for duty with the fire and rescue party. He will provide the necessary medical outfit and will accompany the party whenever it is called away, if the Fleet Regulations so require.

985. Clear ship for action: The surgeon will prepare for action in accordance with instructions under "Medical Department in battle," chapter 10. He will inspect the dressing stations: see that the men detailed therefor are present; that they understand the duties required of them; that they are ready for duty, and that these stations are properly equipped. He will see that the means for transporting the wounded are provided, and that all arrangements

necessary for the care of the wounded are made at this exercise. (See also Pt. III, Ship and Gun Drills, 1905.)

987. The hospital boat will carry no arms whatever and will fly a Red Cross flag on a staff in the bow. (Boat Book, 1908, art. 21.)

SECTION 11.—OUTLINE OF INSTRUCTION IN FIRST AID.

NOTE.—In connection with all first-aid instruction to officers and enlisted men of the ambulance party the medical officer shall bear in mind the necessity of treating these subjects in simple terms. (I 2641.) (*See* Handy book for the Hospital Corps, U. S. Navy, 1917.)

1001. The following outline of instruction is designed to insure uniformity. First-aid in the Navy comprehends the assistance furnished the wounded, exhausted, or disabled individual by anyone near-by until he can be reached by stretchermen, hospital corpsmen or a medical officer. It is as important to know what may not be accomplished by first-aid as what may be accomplished. Hemorrhage from large arteries of the thigh, for example, may be controlled by first-aid procedures, but this is not possible in hemorrhage from the large arteries of the abdomen.

FIRST PERIOD.

1002. Contents of the first-aid packet and the shell-wound dressing. (Exhibit the first-aid package, and during the course of instruction open it and exhibit its contents.) The compress is made of cotton gauze which has been boiled in water, or steamed, that is, sterilized long enough to destroy any germs which may have been present. It is then dried at a very high temperature. In the first-aid packet the gauze is packed under heavy pressure, so as to take up as small a space as possible. This packet is designed to cover the wounds made by bullets from small arms.

1003. The shell-wound dressing is made from the same material, but is of large size, because a shell wound from shell fragments or shrapnel is usually a large wound. (Exhibit shell-wound dressing and explain its construction and application.)

The shell-wound, or large-wound, dressing consists of a gauze pad 16 layers thick and 8½ to 9 by 10 inches, held in place by a four-tailed bandage, and is made as follows: From the standard gauze roll of four thicknesses and 8½ to 9 inches wide, cut off a length of 40 inches. Fold the free ends over so that they meet in the middle. Now fold a second time along the line where the free ends meet. The length has thus been reduced to 10 inches and the thickness increased to 16. Tear off a piece of unbleached muslin 9½ by 60 inches. Lay the gauze compress in the center of the muslin and fasten it there by sewing along the sides toward the binders and diagonally from corner to corner. Each free end of the unbleached muslin is now torn down the middle to the pad so as to give a four-tailed bandage. Fold the dressing along the center by its short dimension so that the gauze is on the inside, the muslin binders on the outside. Now fold the upper tails on themselves in layers the width of the exposed half of the muslin back. Do the same for the lower pair. Once more the dressing is folded, but now at right angles to previous folds so as to bring the tails or binders in apposition to each other and inside the whole. Cover with a piece of unbleached muslin, 12 by 12 inches, wrapping like an ordinary parcel and securing with a couple of stitches. Mark plainly with indelible pencil, stencil, or rubber stamp. Sterilize and dry. Wrap in oiled muslin or paper. Six to a dozen of these dressings may be wrapped together in canvas and kept at each gun station in a metal box secured by padlock and key. The container should be fastened to a bulkhead adjacent to but out of the way of the gun's crew.

It will be advisable to have at dressing stations a certain number of shell-wound dressings of larger dimensions than those given. These will not be dis-

tributed to guns' crews. The dimensions recommended are 10 by 13 inches and each pad should be of 32 thicknesses of gauze. (Explain the possibility of avulsion of a limb or wide tearing of abdominal wall necessitating a large dressing as temporary cover and why the dressings are aseptic and not antiseptic in view of various uses to which they may be put. Cf. exposed intestines, brain, etc.)

The number of the ordinary shell-wound dressings prepared in advance of an engagement should be in the ratio of 40 to each 100 of the crew; of the extra large size in the ratio of 5 to every 100 men. While there might be no call for so many shell-wound dressings during an engagement due allowance must be made for deterioration and loss after preparation and before battle and for the possibility of wreckage of some portion of supplies during action. Some cases may need reapplication of dressings after the engagement.

Undershirts with long sleeves, gloves, and a handkerchief tied around the neck will contribute materially to lessen the danger of surface burns from explosives.

1004. In applying one of these dressings, after opening the first-aid packet, or the covering of the shell-wound packet, remove the compresses contained in paraffin paper. Unfold each compress, being careful that the surface to be applied to the wound does not come in contact with anything else, and above all is not touched by the fingers.

1005. Hemorrhage (bleeding) may be from arteries or veins. Wounds that bleed extensively usually indicate bleeding from the arteries; the blood spurts in jets or flows very freely. As the blood is pumped from the heart to the different parts of the body and is coming from that direction, the means used to stop the bleeding must be applied to the side nearer to the heart. When bleeding is very free raise the limb and make pressure over the main artery with the thumb or fingers until a tourniquet can be applied.

1006. A tourniquet is the best means of stopping severe hemorrhage, but should be used only when arteries are severed. The rubber tourniquet is the best. To apply it, grasp a section of the tube (large enough to go round the bleeding part) and stretch it. While stretched, apply it to the part, well above the bleeding point, and wind it over and over until only enough is left to secure it. Do not secure it with a square knot; two round turns will hold the tourniquet in place, and when it becomes necessary to remove the tourniquet, this is easily done. A tourniquet may be made of any strip of cloth (as a handkerchief) tied loosely around the part and leaving enough space to insert a stick or bayonet. Wind it until the bleeding stops, then secure the stick with a piece of bandage or cloth.

1007. A tourniquet should not be left on a limb more than two hours, unless the lower part of the limb has been torn away. To allow a tourniquet to remain on the part too long will cause gangrene or mortification, for the reason that it prevents the part from being supplied with blood. Do not use a tourniquet for slight bleeding. This mistake is frequently made. Venous hemorrhage is sometimes profuse and alarming, but local pressure and elevation will control it, while the tourniquet will often have the opposite effect from that desired. The gauze compress, if applied very firmly, will often stop oozing of blood from wounds not involving arteries, and it is not as likely to cause gangrene. (Demonstrate the application of the tourniquet by applying it to the arm of one of the class. Require that this be practiced by each member of the class; have the pulse felt by the index finger to demonstrate that the bleeding would be effectively stopped. Demonstrate the application of the tourniquet to the upper part of the thigh, the middle of the leg, and the upper arm, explaining the anatomy of arterial supply to the regions. Require that this be practiced by each member of the class under instruction, having him first apply digital pressure, then a tourniquet. Explain how wounds of the face and scalp and trunk may be controlled and dressed. Improvise a tourniquet from a strip of clothing and a bayonet; demonstrate its use on the arm, having the pulse felt to indicate its efficacy.)

SECOND PERIOD.

1008. Broken bones. Bones are often broken or shattered by bullets or shell fragments. After bleeding has been stopped and the dressing applied, the broken bones should be pulled gently until they are in proper position and then placed in some form of splint. Pieces of board (if handy), a rifle, boat stretcher, pillow, or any similar object may be used. Apply splints improvised from boards to the leg, securing the same by strands of rope or pieces of clothing. Importance of securing splints in place by bandages placed well away from site of fracture. Demonstrate extension and counterextension as used for the reduction of fractures. Require the class to practice these maneuvers. Display diagrams and illustrations, if possible, and practice the same methods as are illustrated.

THIRD PERIOD.

1009. Wounds in general: A bullet or shell fragment may produce a wound of entrance and also a wound of exit, if it pass out, and both wounds should be dressed. Apply a compress to each wound.

1010. Special wounds: Illustrate the application of the compress in the first-aid package to a wound of the forearm. Apply it (*a*) simply for the purpose of dressing the wound; (*b*) securely for the purpose of controlling superficial hemorrhage. Require that these procedures be practiced by all the members of the class. Demonstrate the application of the compress to wounds of the scalp, neck, chest, abdomen, buttock, arm, and forearm, thigh and leg, and the foot, as the instruction progresses. Require that these procedures be practiced by all the members of the class.

Scalp wounds: Apply the compress very firmly to the wound. Hemorrhage is arrested by tourniquet or bandage carried horizontally around head just above eyebrows and ears and well below the occiput.

Neck: The back of the neck should be dressed with a compress and the binder rolled around the neck. Do not bind too firmly, as it would interfere with breathing. When the great vessels in the neck are injured, the bleeding is excessive. Stuff the compress into the wound, using two or three if they are obtainable or combine use of compress with digital pressure. Bind firmly, but be careful that there is no interference with the breathing.

Chest: Bullets or shell fragments may remain in the chest cavity or may pass through it. Look for both wounds.

Abdomen: Do not give such wounded man anything to drink; the fluid may wash the contents of the intestine into the abdominal cavity. Place the wounded man on his back and keep him as quiet as possible. Apply a compress to each skin wound. If the intestines protrude, replace with a compress and secure with shell-wound dressing.

Buttock: Unless very deep, a compress will answer every purpose. In the case of a very deep wound a tourniquet would not stop the bleeding.

FOURTH PERIOD.

1011. Arm and forearm, thigh and leg: Apply a tourniquet if a spurting vessel is noticed or if the bleeding is very free. If not, apply the compress firmly to stop the bleeding.

Palm: Apply one compress to the wound directly and roll a second into a ball; then bind firmly.

Foot: The sole should be treated the same as the palm of the hand, with a very firm compress. A single compress firmly applied will stop the bleeding from wounds of other parts of the foot or ankle, unless the main vessel is severed, in which case the tourniquet must be applied.

FIFTH PERIOD.

1012. Restoration of the apparently drowned: Demonstrate the various movements used in the resuscitation of the apparently drowned. Require that this be practiced by each member of the class. After removing the shirts, lay the man face downward; stand over him so that he is between your legs; clasp your hands under the lower part of his abdomen and raise him so as to bring the water from his lungs. Then place him on his belly, with his face turned to one side. Kneel beside him and place the palms on the small of his back just below the ribs. Lean forward and gradually bring the weight of the body on the hands, thus forcing air out of the lungs. *Avoid roughness.* Release pressure quickly and return to original position.

The first motion should occupy about two or three seconds. After returning to the original position there should be a wait of about two seconds before repeating; thus there will be about 12 respirations each minute. Imitation of natural breathing is the object.

These efforts should be kept up for at least two hours or until natural breathing is restored. (The same method should be employed in resuscitation for electric shock. See "Handy Book for the Hospital Corps, 1917.")

If you succeed in starting the breathing, continue helping him until he is breathing regularly. All wet clothing should be removed while attempting to restore him, and his body and limbs should be rubbed upward (in the direction of the heart). The man should be wrapped in blankets and warmth applied in any shape, as warm bottles, warm bricks, warm sand, or even a hot board that may have been in the sun. Do not give stimulants before the man can swallow. Do not remove him until he is conscious and breathing naturally. Watch for several hours to see that he does not cease breathing.

SECTION 12.—NAVY REGULATIONS RELATING TO THE DUTIES OF DENTAL OFFICERS.

1021. All schools for the education of officers of the Dental Corps to be under the supervision and control of the Bureau of Medicine and Surgery. R 2901 (3)

1022. The authority of the commanding officer of a hospital ship in all matters concerning the discipline and punishment of dental officers. R 2919 (1).

1023. The duties of dental officers assigned to the Medical Department of a ship or station. R 2991.

1024. Care and attention to patients. R 2992.

1025. To keep medical officer informed of condition of patients. R 2993.

1026. To keep a record of all treatments and work performed. R 2994.

1027. Care, preservation, and accountability for property in their charge. R 2995.

1028. Requisitions for and return of dental property. R 2996.

1029. The duties of acting assistant dental surgeons appointed for temporary service. R 2997.

SECTION 13.—THE DUTIES OF DENTAL OFFICERS.

1031. Dental officers are by law a part of the Medical Department of the United States Navy, and are required to serve professionally the personnel of the naval service and to perform such other duties as may be prescribed by competent authority.

1032. The regulations provide that the professional services of dental officers shall be available only for officers and men on the active list of the Navy and Marine Corps, and such services are restricted to those measures which will most effectively and economically preserve the teeth of the personnel and insure physical fitness. The department has construed Article R 2991 to apply to and include officers and men of the Naval Auxiliary Service. (Dept. 1569-355. Nov. 3, 1914; M. and S. 126472.)

1033. Prosthetic procedures, such as gold, bridge, or crown work, are not contemplated as a part of the work of a dental officer.

1034. Dental officers will keep the medical officer fully informed of the condition of all patients, and promptly notify him of any case which may require medical attention. Should it appear necessary to admit a patient to the sick list, the dental officer will report the circumstances to the medical officer concerned, who will enter the case on his record in the customary manner.

1035. The record of all dental treatments will be kept on the sheet provided for that purpose. This sheet should be delivered to the medical officer having charge of the health record for insertion therein immediately following the sheet for the medical record. The dental record will contain a record of the condition of the patient's teeth when first examined by the dental officer, and a record of all subsequent dental operations and treatments.

1036. When a patient is sent from a ship or station to another ship or station for dental treatment, the dental record will be detached and sent to the dental officer concerned or else a statement will be sent that no dental record exists. The dental record is accompanied by a statement as to whether or not patient has veneral disease. These papers go in a sealed envelope. Upon completion of treatment, the dental officer will make the necessary entries over his own signature and return the dental record to the medical officer having charge of the health record. Except in an emergency the medical officer should make an appointment in advance when he has to send patients to the dental officer of another ship. (See also Fleet Regulations.)

1037. The statistical report of dental work done on a ship or station will be included in the statistical report of the Medical Department of that ship or station.

Returns of dental property, requisitions, and reports will be forwarded through the senior medical officer. (Pars. 2270, 2388.)

1038. A hospital corpsman may be assigned for duty with the dentist.

1039. Dental officers will requisition for supplies as prescribed in paragraph 3931-2, Manual, Medical Department.

1040. Dental officers will not be released from responsibility for the loss or destruction of property placed in their charge unless the expenditure is authorized by the bureau or by a board of survey.

1041. In the survey of dental property, transfer of stores and property accountability, dental officers will be governed by and follow the instructions relating to medical stores. (See pars. 2961–2978, inclusive, and ch. 21, as well as instructions on the forms in use.)

1042. A supply of towels and operating aprons will be furnished the dental officer by the medical department of the ship or station to which he is attached. The washing of these articles will be included in the medical department laundry of the ship or station concerned.

CHAPTER 7.

THE DUTIES OF THE FLEET AND THE DIVISION SURGEON.

SECTION 1.—LAWS RELATING TO APPOINTMENT AND DEFINING DUTIES OF FLEET SURGEON.

1101. Surgeon of the fleet appointed. Sec. 1373, R. S.
1102. Duties of surgeon of the fleet. Sec. 1374, R. S.

SECTION 2.—NAVY REGULATIONS RELATING TO THE FLEET SURGEON.

1111. Officers composing commander in chief's staff, and how designated. R 1816–1828.
1112. Embarked in flagship. R 1827.
1113. To inspect ship only when ordered. R 1828.
1114. General duties. R 1818.

SECTION 3.—THE STAFF OF A FLAG OFFICER AFLOAT ON SPECIAL DUTY.

1121. Organization. R 1846 (1).
1122. Nomination of officers. R 1846 (2).

SECTION 4.—NAVAL INSTRUCTIONS RELATING TO THE FLEET SURGEON.

1131. Requisitions and correspondence (staff). I 1121 (1–2).
1132. Duties of fleet surgeon, and inspections of medical departments. I 1122 (2).
1133. Sanitary inspections. I 1122 (3).
1134. Consultation with medical officers. I 1122 (4).
1135. Suggestions to commander in chief. I 1122 (5); I 952 (2).
1136. Inspection of naval hospitals. I 1122 (6).
1137. Report of killed and wounded. I 1122 (7).
1138. Sanitary report and approval of official reports and returns. I 916 (4) *d.*; I 1122 (8).
1139. Papers referred by chief of staff. I 5335 (4).
1140. Reports submitted to commander in chief. I 5212 (2).

SECTION 5.—REPORTS FROM SHIPS RETURNABLE THROUGH OR FORWARDED TO COMMANDER IN CHIEF AND FLEET SURGEON.

1141. Certificates of death. R 2963 (1); I 1122 (8).
1142. Reports of medical survey. I 1122 (8).
1143. Patients transferred to hospitals other than naval hospitals. R 2962 (5).
1144. Property returns from ships. I 3255 (4).
1145. Weekly reports of sick, hospital ships. (Duplicate.)
1146. Sanitary reports (duplicate) and monthly sanitary reports.
1147. Reports of epidemic diseases.
1148. Surveys of medical property.
1149. Statistical reports. (Duplicate.)

1150. Venereal prophylaxis. (Monthly.)
1151. Casualty report when necessary.
1152. Reports of laboratory examinations.
1153. Reports of surgical operations.
1154. Periodical returns when ship is separated from commander in chief. I 5335 (5).
1155. Medical services rendered to other than naval personnel.

Section 6.—Miscellaneous Duties of the Fleet Surgeon.

1161. Brigade surgeon: A force of the strength of the fleet brigade will usually be landed only for parades and reviews. The fleet surgeon is usually detailed on these occasions as the brigade surgeon, with a chief pharmacist's mate as his noncommissioned staff petty officer. For detailed duties of fleet surgeon as brigade surgeon see Chapter 10, section 3. (See also Fleet Regulations.)

1162. Inspection of ships (commander in chief and division commander's inspection): Information is called for in the inspection reports under the following heads: Size, arrangement, cleanliness, and order of sick bay. Condition of surgical instruments. Adequacy of medical and surgical facilities for requirements of action and coping with a contagious disease. Condition of medical storerooms as regards cleanliness, good order, and state of preservation of articles stored therein, and when the storeroom was last broken out. Efficiency of organization and administration of the Medical Department and whether calculated to give the best of care to the sick. Efficiency of medical attendants and whether they are fully instructed in their duties. Adequacy of the sick bay in size and equipment, and of the supply of medicines, instruments, etc. Sanitary condition of the ship. Adequacy of hygienic regulations, and whether enforced. Average percentage of sick for last 12 months. Percentage due to injuries and to epidemics. Number of venereal diseases during the last 12 months. Facilities provided for prophylactic treatment and what treatment is provided. Whether the men have been regularly instructed in first-aid, sanitary matters, and resuscitation of the apparently drowned, and what number are instructed at a time. Whether the professional treatment of the sick as shown by health records is efficient, and whether health records are properly kept. Whether the provisions of the Navy Regulations, Naval Instructions, and Manual for the Medical Department as regards instruction of the Hospital Corps have been complied with. Percentage of men vaccinated within a year and whether the regulations regarding vaccination are observed. Cleanliness of clothing and bedding of patients. Whether the medical officer exercises any supervision over the food prepared for the crew, the sick, and in bumboats. Whether the regulations regarding the storeroom are carried out. Whether the arrangements for the care of the wounded in action are carried out. Condition of Medical Department books, whether properly kept, when the last inventory was taken, and whether the books were then brought to agree with the inventory. Whether blowers are well placed, well adapted, and adequate. Whether all parts of the ship are well ventilated in port, at sea in bad weather, in action, and the maximum and minimum temperatures (ships newly commissioned). Changes recommended in ventilating system and in other hygienic directions.

1163. The fleet surgeon should from time to time issue to medical officers of the fleet a bulletin containing such information regarding epidemic diseases, sanitary measures to be taken, health of port, etc., as might otherwise not come to their notice.

Section 7.—The Division Surgeon.

Navy Regulations and Naval Instructions relating to the division surgeon.
1171. The division staff and the division surgeon. R. 1842 (1) (2).
1172. Duties of division staff. I 1141 (2).

(*a*) The medical officer of the division flagship shall be the division surgeon. If the flag of the division commander is transferred the medical officer of the new flagship shall assume the duties of division surgeon unless such transfer is temporary and for a short time only. R 1841 (2).

(*b*) The members of a division staff shall, within the division to which they are attached, perform their duties, as far as applicable, in accordance with the requirements of the following articles; for the division surgeon. R 1827 and I 1122; I 1141 (1).

1173. Reports to be submitted to the division commander. I 5214 (2).

CHAPTER 8.

THE ADMINISTRATION AND INTERNAL ORGANIZATION OF NAVAL HOSPITALS. SPECIAL HOSPITALS.

Section 1.—Laws Relating to the Establishment and Management of Naval Hospitals.

1201. Superintendence of naval hospitals. Sec. 4807, R. S.
1202. Deduction from pay of officers, etc., for hospital fund. Sec. 4808, R. S.
1203. Appropriation of fines. Sec. 4809, R. S.
1204. Disposition of forfeitures for desertion. Act June 7, 1900.
1205. Purchase and erection of naval hospitals. Sec. 4810, R. S.
1206. Government of naval asylum. Sec. 4811, R. S.
1207. Pensions of seamen, etc., at naval hospital, how paid. Act Mar. 3, 1899.
1208. Closing of hospitals. Act Mar. 3, 1883.
1209. Hospitals, buildings, and sites to be authorized by Congress. Act March 4, 1913.

Section 2.—Navy Regulations Relating to the Administration of Naval Hospitals.

1211. Removal of sick to hospital may be made whenever recommended. R 4532 (1); R 3582 (1).
1212. Tuberculosis cases. R 3582 (2).
1213. Pay of enlisted men while in hospital. R 4532 (2); R 3582 (3-8).
1214. Patients transferred to Naval Hospital, Philadelphia, to report to governor of Naval Home. R 3582 (9).
1215. Transfer papers. R 3585.
1216. Payments to patients in hospital. R 3660 (5).
1217. Officers and men entitled to hospital treatment when no naval hospital. R 4532 (1).

Section 3.—Naval Instructions Relating to the Administration of Naval Hospitals.

1221. Officers transferred to hospitals and when they return to duty to be reported upon. I 956.
(*a*) Entitled to remain until cured or surveyed. I 3221 (1).
(*b*) When discharged, if still disabled may go to Naval Home. I 3221 (2).
(*c*) Papers in such cases to go to the Secretary of the Navy. I 3221 (3).
1222. Sick, wounded, or disabled officers entitled to medical attendance. I 3222.
1223. Responsibility of medical officer in command. I 3223.
1224. No changes to be made in buildings, trees, or grounds. I 3224.
1225. Inspection of medicines, supplies, etc. I 3225.
1226. Examination of health records. I 3226.
1227. Medical officer of the day.
(*a*) Detail. I 3227 (1).
(*b*) Daily journal. I 3227 (2).
(*c*) Duties. I 3227 (3).

1228. Medical officers in charge of wards. I 3228.

1229. Patients to be accompanied by hospital tickets and health records. I 3229.

1230. Convalescents to be discharged when fit for duty. I 3230.

1231. Attendants of hospital alone available for service to patients. I 3231.

1232. Diet tables, and variations authorized. I 3232.

1233. Special diet list to be revised daily. I 3233.

1234. Forms to be observed upon receipt of patients. I 3234.

1235. Patients left in hospital after sailing of ship. I 3235.

1236. Discharges for disability.

(*a*) Upon approved medical survey. I 3236 (1).

(*b*) Name of ship to be noted in survey. I 3236 (2).

1237. Health records of persons surveyed to be signed and verified. I 3237.

1238. Weekly report of sick in triplicate. I 3238.

1239. General regulations for government of hospitals to be submitted to Secretary of the Navy and included in Manual for the Medical Department. Detailed regulations for internal government of hospitals issued by medical officer in command. I 3239.

1240. Ambulance service for injured civil employees. I 3411 (1).

1241. Treatment of civil employees in naval hospital. I 3411 (2).

1242. Misconduct report. I 5247 (62). Gen. Ord. No. 100 and 231.

Section 4.—General Instructions Relating to Naval Hospitals.

1251. Commander in chief's inspection. I 908.

1252. Fleet surgeon's inspection. I 1122 (6).

1253. Hospital to keep a journal. I 3251.

1254. Hospital records to be kept with neatness and accuracy. I 3252.

1255. Issue of medicines, etc., to persons not in Navy to be entered in prescription book. I 3253.

1256. List of patients for use in compiling statistical report. I 3254.

1257. Property accountability. I 3255.

1258. Bill book. I 3258.

1259. Sanitary report from hospitals. I 3259.

1260. All persons employed in Medical Department prohibited from having financial dealings with patients. I 3260.

1261. Hospital and ambulance service to be performed by Hospital Corps. I 3261.

1262. Correspondence of naval hospital to be conducted as if a yard department. I 5340 (9).

1265. A person under treatment for a period of three months shall be surveyed in order that his further treatment or other disposition may be authorized, and in order that the bureau may have information as to the necessity for such prolonged treatment.

1266. Care should be taken that all convalescents are promptly returned to duty.

1267. No enlisted man under sentence of general court-martial to be sent to Naval Hospital, Fort Lyon, Colo., for treatment. (Department decision, No. 26251-6590, Apr. 14, 1913.)

1268. Officers and men of the Naval Militia, though they receive the same pay while on naval duty as those in the Regular Navy, have no deduction made from their pay for the Naval Hospital Fund (Sec. 4808, R. S.), and are not entitled, under the provisions of law, to treatment and subsistence in naval hospitals, (Secs. 4808, 4812, 4813. R. S., and comptroller's decision of Aug. 25, 1914) except when incorporated with the Navy in time of war.

1276. Civil employees: Subsistence while in a naval hospital. Notices of admission and discharge, M. & S., Forms "S" and "T," shall be forwarded by the officer in command of the naval hospital to the paymaster of the yard, who shall receive from the patient the 50 cents for each day or part of day in hos-

pital, giving his receipt therefor, and shall deposit same to the credit of the naval hospital fund.

In cases where payment is not made within a reasonable time, or of a refusal to make payment, a sum sufficient to cover same shall be withheld from any pay due the employees, and a full report of the circumstances shall be made to the Bureau of Supplies and Accounts. (Bur. S. & A. Memo., No. 131, Feb. 1, 1912.)

1277. Commanding officers of certain hospitals designated by the Secretary of the Navy are authorized by the act of August 29, 1916, to order summary and deck courts-martial and to inflict minor punishments upon all enlisted men attached thereto, whether for duty or as patients, as conferred by law upon the commander of a naval vessel.

1278. Medical officers in command of naval hospitals and hospital ships are authorized to act as recruiting officers for the Hospital Corps, and for reenlisting and extending enlistments of other men in the Navy who may be patients under their command. They are authorized to administer oaths for the purposes of the administration of naval justice and for other purposes of naval administration.

Section 5.—Duties of the Medical Officer in Command.

Note.—The following instructions are issued for the guidance of medical officers in command of hospitals (and hospital ships when applicable (R 2919)) and shall govern in all ordinary circumstances. Any situation requiring a departure from these instructions will be made the subject of immediate report to the bureau.

1281. The Navy regulations require that the medical officer in command of a naval hospital shall be responsible for the care and treatment of the sick, and for the discipline, cleanliness, and economical management of the istitution. The regulations further require that medical officers and all persons employed in the hospital shall perform such duties as shall be assigned them by the medical officer in command, and to this end he is required to exact from subordinates, employees, and patients a proper obedience to his orders and to the laws and regulations of the Navy. (I 3223.)

1282. All general regulations shall be approved by the Secretary of the Navy and included in the Manual for the Medical Department, and all detailed regulations relating to the internal government of the hospital of which he is in command shall be submitted to the bureau as soon as issued. (I 3239.)

1283. The regulations require that except in emergency no change shall be made in the hospital buildings, furniture, trees, or grounds, and no bills for purchases and repairs shall be contracted without the permission of the bureau, except in special exigency. (I 3224.)

1284. The medical officer in command is required by the regulations to have all medicines, provisions, and medical supplies received at the hospital inspected and their condition reported to him by the officer intrusted with the duty. A record of such inspections shall be entered in the daily journal. (I 3225.) He shall require the executive surgeon to make a daily report on the condition of patients and on other matters of interest pertaining to the hospital.

1285. Once a week, or oftener if he should deem it necessary, he shall make a thorough inspection of the hospital buildings and grounds. All matters of interest brought to his attention during his tour of inspection, and requiring subsequent action, shall be noted and recorded in a book kept for this purpose by the executive surgeon. The provisions of Article I 2602 (5-6) shall be observed as far as possible in hospitals, and inspections and musters shall not be carried out on Sunday. The medical officer in command shall assign appropriate punishment for offenses committed, such punishments to be noted against the offenses in the report book and in the journal.

1286. (*a*) He shall see that the regulations relating to the admission and discharge of patients from the hospital and the preparation of all official papers

are strictly complied with. He shall inspect and approve health records and assure himself that they are properly kept.

(*b*) A person under treatment for a period of three months shall be surveyed in order that his further treatment or other disposition may be authorized, and in order that the bureau may have information as to the necessity for such prolonged treatment.

(*c*) Care should be taken that all convalescents are promptly returned to duty.

1287. The commanding officer shall keep himself informed of the probable necessity for the performance of major surgical operations, and unless there are urgent reasons to the contrary, no operations of this class shall be performed without his approval. He shall see that the junior medical officers attached to the hospital are afforded ample opportunity for practical surgical work.

1288. He shall see that the members of the Hospital Corps are thoroughly drilled and instructed in their duties. Whenever a member of the Hospital Corps is transferred to other duty, either ashore or afloat, he shall cause a Hospital Corps efficiency report, Bureau of Medicine and Surgery form, to be filled out and forwarded through official channels to the Bureau of Medicine and Surgery. Whenever changes occur in the Hospital Corps, by transfer, death, discharge, etc., a mailing card shall be forwarded direct to the bureau.

1289. He shall cause the Hospital Corps to be instructed and exercised not less than once every week in fire drill, and shall see that every facility is afforded for the protection of the hospital buildings and other buildings in the hospital inclosure from fire.

1290. (*a*) The medical officer in command shall carefully observe the uniform regulations and require all officers under his command to be in uniform. This requirement shall apply to officers on duty, officers who are patients when practicable, and to members of the Hospital Corps and Nurse Corps.

(*b*) He shall see that Hospital Corpsmen wear the cap ribbon designating the hospital under his command.

1291. He shall submit to the bureau on the 1st of January of each year a sanitary report, with an appendix covering "Public Works." (See par. 2651 (*b*).) He shall keep himself informed regarding all changes proposed or authorized by the bureau in order to present them clearly to the commandant or to the heads of departments concerned.

1292. The list of headstones for unmarked graves in naval cemeteries shall be submitted direct to the bureau annually on July 1 in duplicate. (I 5247 (8).)

1293. In hospitals where there are but two medical officers, the officer in command shall take under his supervision the inventory, the commissary ledger and bill book, the cemetery record, requisitions and bills, and the supervision of grounds and outbuildings. The junior officer shall keep the professional records, supervise the preparation of the required returns, and be responsible for the cleanliness and good order of the hospital buildings, and perform such other duties prescribed for an executive surgeon as may be delegated to him by the officer in command. The pharmacist shall act as the relief officer of the day for the purpose of preserving discipline and for the receipt of stores and patients.

1294. All the medical officers attached to a hospital, when there are three or more, shall never be absent from the premises at the same time. When both medical officers of a hospital to which only two are attached are compelled temporarily to be absent, the pharmacist shall act as officer of the day.

1295. The commanding officer shall immediately inform the commandant of the station and the department (Bureau of Medicine and Surgery) of any death in the hospital; he shall in addition inform by telegraph the next of kin, family, or legal representative of the deceased.

SECTION 6.—DUTIES OF THE EXECUTIVE SURGEON.

1301. The medical officer attached to a naval hospital next in rank to the medical officer in command, unless detailed to perform special duty only, is to be considered the executive surgeon of the hospital, and, under the direction

of the medical officer in command, he shall be responsible for the general management of the institution. He shall make himself familiar with all laws, regulations, rules, and instructions relating to the administration and internal government of hospitals, and see that they are complied with.

1302. The executive surgeon shall have such authority under the medical officer in command as may be delegated by the latter. He shall firmly and faithfully execute the orders of the medical officer in command, and shall keep himself informed of his wishes in matters of duty, and carry them out scrupulously and energetically. He shall execute all details of organization, police, inspection, and discipline, and shall be responsible to the medical officer in command for the cleanliness, good order, and preservation of buildings and grounds, and do his utmost to render all departments of the hospital efficient. He shall personally supervise all work, repairs, etc., that may be done, and report to the medical officer in command as to their progress.

1303. Except when excused by the medical officer in command, he shall always be on duty when in the hospital, and when on duty shall receive all orders relating to the general duties of the hospital directly from the medical officer in command and transmit them to others as may be necessary, and be responsible for their execution.

1304. He shall, under instructions from the medical officer in command and the orders of the commandant of the station, prescribe from day to day the uniform to be worn by officers and enlisted men.

1305. He shall exercise a general supervision over the junior medical officers, members of the Nurse Corps, members of the Hospital Corps, and employees, and report to the medical officer in command any inefficiency, inattention to duty, infraction of discipline, or insubordination. The executive surgeon shall, in conjunction with the chief nurse, assign all nurses to duty, assignments so made to be subject to the approval of the medical officer in command.

1306. He shall have general supervision, under the direction of the medical officer in command of the hospital, of all patients, and keep himself informed of their condition, and report matters of interest concerning them to the medical officer in command. If a sufficient number of medical officers is attached to the hospital, the executive surgeon shall not be required to take personal charge of patients. If there is not a sufficient number of medical officers, he shall have charge of officer patients and of such others as may be assigned by the medical officer in command.

1307. He shall hold himself in readiness at all times to consult with and advise the junior medical officers with regard to patients under their charge, and to direct, if he deems it necessary, the treatment of such patients. Conflicts of opinion regarding treatment shall be referred to the medical officer in command for decision.

1308. He shall inspect daily the hospital buildings and the grounds and buildings in the hospital reservation, and see that they are in order and report their condition to the medical officer in command. At inspections he shall be accompanied by the junior medical officers through their respective wards, his attention being called to any important change or matter of professional interest they may have observed in their patients.

1309. He shall suppress disorder, correct abuses, and prevent violations of discipline and report to the medical officer in command any infractions of discipline on the part of employees or others.

1310. He shall, under the direction of the medical officer in command, grant permission to the junior medical officers and others to leave the premises, such leave not to extend beyond 8.30 a. m. of the following day.

1311. He shall direct the issue of passes to all enlisted men and employees to whom liberty may be granted, and such passes are to be delivered upon the return of the bearers to the gatekeeper or orderly at the door, who shall note upon them and in the liberty book the time of return and condition of the men. The executive surgeon shall have these passes and the liberty book delivered to him at a designated time for his approval. Pass books will be supplied by the bureau upon application.

1312. He shall report promptly all absentees without leave or over leave to the medical officer in command.

1313. He may, under the direction of the medical officer in command, detail convalescent patients for light work, but no patients having venereal disease, tuberculosis, or any offensive or contagious disease shall be assigned to duty in the kitchen or as attendants upon other patients. No patients shall be retained in the hospital after they are fit to perform the duties of their ratings. (I 3230.)

1314. He shall exercise a supervision over the preparation of returns, requisitions, bills, etc., and see that they are submitted to the medical officer in command for approval.

1315. He shall see that the medical officer in charge of the operating room and its appurtenances has everything in readiness for immediate use, that the instruments are in good condition, that ample dressings are prepared, and that the sterilizing apparatus is in efficient working order. He shall report all defects in operating room and apparatus to the medical officer in command.

1316. He shall require that the officers in charge of infectious disease and isolation wards and buildings and psychopathic wards be responsible for their condition and in readiness for the reception of patients. He shall see that special care is taken in the treatment and safekeeping of all insane patients and that the clothing and effects of patients brought to the hospital with infectious or contagious diseases are promptly disinfected. To this end he shall see that the disinfecting plant is maintained in proper working order.

1317. He shall require that the officer assigned to laboratory work be responsible for the condition of the laboratory and caution him to allow no unauthorized persons access to it.

1318. He shall appoint attendants upon the several messes, and shall give special attention to the kitchen, cooking utensils, mess room, mess gear, and mess furniture, and shall require the mess attendants to keep them in good order.

1319. He shall have supervision over the inventory, bill books, commissary ledger, and cemetery record, and shall be responsible to the medical officer in command for their correctness.

1320. He shall assign beds to incoming patients and distribute them in such a manner as to allot, as far as practicable, equal numbers to the medical officers in charge of the several wards receiving patients of similar type.

1321. He shall see that the fire apparatus is ready for instant use, and prepare a fire bill embracing officers, Hospital Corps, and employees and such convalescent patients as may be available, and have it posted in a conspicuous place, making such changes as may from time to time become necessary, and see that all are conversant with their stations by exercise at fire quarters at such times as the medical officer in command may direct.

1322. He shall require all keys to be labeled, and when not in use to be hung on a keyboard in his office, or otherwise properly safeguarded.

1323. He shall make the necessary arrangements for all funeral services.

1324. He shall, under the diection of the medical officer in command, see that the cemetery is kept in good order.

1325. He shall see that all meals are inspected by the officer of the day or pharmacist both before and after serving, and he should personally inspect the meals frequently, when served, to assure himself that the food has been properly prepared and is of good quality and of sufficient quantity. He shall from time to time inspect special diet sheets to assure himself that proper economy is being practiced.

1326. He shall inspect or cause to be inspected from time to time the clothing and outfits of men in the Hospital Corps and see that each one has the necessary uniforms and that they conform to the requirements of the uniform regulations.

1327. He shall see that the library is kept in good condition and that the reading material, as far as practicable, is available for the use of patients. He

shall see that the Hospital Corps and convalescent patients are provided with athletic outfits furnished by the department, and that they have suitable hours for recreation and outdoor games

1328. Subject to the approval of the medical officer in command he shall arrange the time when divine services may be conducted in the hospital, and endeavor to obtain the services of a chaplain or minister for patients desiring spiritual comfort.

1329. He shall see that a bulletin board is hung in a suitable place, where a copy of all orders and notices issued by the medical officer in command and all general and special orders shall be posted.

1330. He shall see that proper steps are taken to safeguard money and valuables of patients entering the hospital.

1331. He shall designate the hours when visitors may see patients.

1332. All officers attached to a hospital shall wear the service uniform of their grades at all times when on duty in the hospital, except at weekly inspection, when undress uniform may be worn if prescribed by the commanding officer, or on special occasions when the uniform shall be prescribed. All enlisted men of the Navy and Marine Corps shall wear the uniform of the day.

1333. In hospitals where there is one surgeon acting as executive, and one passed assistant or assistant surgeon besides the officer in command, the surgeon shall not be required to alternate as officer of the day, but shall, in addition to his regular duties, take professional charge of as many patients as the officer in commnd may direct. A pharmacist shall be the relief officer of the day under the restrictions provided.

1334. In hospitals where there are two passed assistant or assistant surgeons, or one of each besides the officer in command, the senior of the two shall, in addition to his regular duties, perform such other duties prescribed for the executive surgeon as the officer in command may delegate.

1335. (*a*) All medical officers shall assure themselves that all drugs and chemicals under their charge are properly labeled.

(*b*) They shall see that all poisons, chemical or alkaloidal, are indicated as such by appropriate poison labels.

(*c*) Poisons, chemical and alkaloidal, shall be kept under lock and key, and access to such cabinet or container shall be had only by the medical officer or such persons as are specifically designated by him.

(*d*) For dispensing of poisonous solutions in sick bays or wards, 500 c. c. bottles are furnished, of an appropriate attention-compelling color and design.

(*e*) Bichlorid tablets will be issued only in such form as is furnished by the supply depot.

(*f*) Attention is further invited to the desirability of tinting stock solutions of phenol or bichlorid of mercury when these solutions are prepared in quantity. To insure uniformity phenol will be *tinted* pink (fuchsin), and bichlorid will be *tinted* blue (methylene blue).

(*g*) Poisonous drugs should be dispensed only on written and signed prescription of medical officer, such prescriptions to be numbered and filed by the dispenser.

SECTION 7.—DUTIES OF THE JUNIOR MEDICAL OFFICERS, WARD OFFICERS, AND OFFICERS HAVING SPECIAL DUTIES.

1341. Junior medical officers shall perform such duties as may be assigned them by the executive surgeon with the approval of the medical officer in command.

1342. They shall visit the sick at such hours as may be prescribed, and whenever necessary. They shall see that the order book, the property book, and other ward forms are properly kept. They shall consult, whenever they deem it necessary, with the executive surgeon, or, after notifying him, with the officer in command, regarding patients under their charge. While all reasonable inde-

pendence of action in the conduct of cases is to be accorded them, if either of those officers shall direct certain measures his orders shall be promptly and respectfully obeyed.

1343. They shall require the nurses and Hospital Corpsmen to keep the wards under their charge clean and in good order, to be considerate and attentive in their treatment of all patients and careful in the administration of medicines, and assure themselves that all attendants are conversant with the rules issued for their guidance. Once a week, or when directed, they will submit the health records of patients under their charge to the commanding officer.

1344. They shall direct, each morning, such special diet as they may deem necessary for the patients under their charge. The special diet lists from the several wards are to be submitted to the executive surgeon. They shall see that a liberty list is made out and submitted to the executive surgeon.

1345. In the event of fire, junior medical officers shall supervise the removal of helpless or bedridden patients, having the nurses and Hospital Corpsmen under their command, and calling to their aid any person not specially detailed.

1346. They shall report to the executive surgeon, or to the officer in command, all patients who in their opinion are fit for duty, for light work, or who should be surveyed. They shall visit and inspect all patients under their care at least twice daily, and oftener in cases requiring it. Upon being relieved of duty, the relieving officer shall verify the property book.

1347. Medical officers in charge of wards shall be responsible for their good order and neatness and they shall exercise a personal supervision over the sick, being attentive to their welfare and comfort. They will accompany the executive surgeon when he makes the usual inspection of wards and invite his attention to any important changes or to matters of professional interest affecting patients occurring since the previous inspection.

1348. Ward officers must remain in the hospital until the receipt and distribution of patients at the regular ambulance trips, except when excused by proper authority. Before leaving the ward, after the morning sick call, they shall sign morning reports of sick and carefully inspect the diet sheets for the day, making such changes in the latter as may be necessary, and after signing forward them to the pharmacist (or chief pharmacist's mate) in charge of commissary.

1349. Officers having under their charge wards for special cases will be held responsible for the property under their control and for the proper performance of the duties to which they are assigned. Reports of work done will be forwarded through the executive surgeon to the commanding officer.

1350. The medical officer detailed in charge of the operating room shall see that the operating room and its appliances are in readiness for immediate use; that every precaution is observed to maintain instruments in good condition; that ample dressings are prepared and sterilized; and that the sterilizing apparatus is kept in efficient working order. He shall promptly report any defect in operating room or apparatus to the executive surgeon. He shall see that an operating-room book, with name of patient, nature and date of operation, is kept up to date. He shall have supervision over the surgical ward, dressings and treatment of surgical cases, and shall consult with the executive surgeon regarding the nature of and necessity for all operations.

1351. The medical officer detailed for duty in the laboratory shall have complete charge, and will allow no one to have access to or use its equipment without his knowledge. A complete record of all laboratory work will be recorded and reports sent to those desiring the results of examination, on such forms as may be adopted for this purpose. It will also be his duty carefully to instruct such subordinates as may be assigned to duty under him in practical laboratory technique.

1352. So far as may be practicable, officers detailed for special duties will not be required to perform other services.

1353. No officer of a naval hospital shall ever be considered as having an alternate "day off duty." The junior officers shall alternate in duty as officer

of the day only for periods of 24 hours as detailed by the commanding officer, but such relief from duty as officer of the day shall not in any way relieve them from their professional and other duties at the hospital; nor shall they fail, upon leaving the hospital, to inform the officer of the day or the relieving officer of any direction of special importance they may have given regarding the patients under their charge or of the condition of any patient who may require special attention during their absence.

Section 8.—Duties of the Officer of the Day.

1361. The term of duty of the officer of the day shall consist of 24 hours, from 10 a. m. At this time the officer assigned as officer of the day will relieve his predecessor, receiving from him all special orders and instructions pertaining to his term of duty that may be necessary. The officer of the day's office shall always be open, and except for meals or when called elsewhere by duty the officer of the day shall give his undivided attention to the official business of the hospital; he shall leave the building on duty only, unless excused by special permission of the commanding officer; he shall be in his office until the 9 p. m. reports are made; and he shall permit no loafing or lounging there by officers, patients, visitors, or others. The officer of the day shall occupy quarters in the main building during his term of duty and shall at all times wear the uniform of the day. In the afternoon he shall make a tour of inspection through the wards, kitchens, mess, and other rooms of the hospital occupied by patients and employees. A similar inspection shall be made at night, at 10 p. m., after the patients are in bed. A list of patients and employees who have received passes shall be furnished the officer of the day as early as practicable every morning, and all patients and others will be required to report their return to him. (I 3227.) He shall sign necessary passes for the removal of personal or other property from the hospital.

1362. The officer of the day shall keep a journal in which he shall make a brief record of the following points and events to be noted at the time of occurrence: The condition of the wards, kitchens, mess, smoking, and other rooms at each inspection; the condition of the meals served as to quality and quantity; special trips of the ambulance; the names and diseases of patients admitted, and the places from which they are received; the names, number of days subsisted, and the disposition made of patients discharged, and whether the necessary papers in each case are correct and complete; the names and condition of patients and employees returning from leave or who have overstayed their leave; the confinement and discharge of offenders and the reasons for punishment; the appointment and discharge of employees; the reporting and detachment of officers, or their going upon and returning from leave; the record of inspection of all provisions, stores, and medical supplies; the object and findings of all boards of survey; and all other matters occurring during the term of duty which it may be desirable to record. Upon completion of his term of duty he shall sign the journal and submit it for the approval of the commanding officer. Entries by any other officer temporarily relieving the regular officer of the day shall be signed by the officer making them.

1363. Health records, the journal, and conduct records shall be carefully supervised by the medical officer of the day. He shall supervise the necessary entries in the ambulance book, the register of patients, and the rough Form F.

1364. The officer of the day, after receiving the final reports at night, shall report the condition of the hospital to the executive surgeon or, in his absence, to the medical officer in command.

1365. The following regulations relating to the admission and discharge of patients shall be strictly followed by the officer of the day.

(*a*) When a hospital ticket is found correct, and the clothing list checked, it shall be filed and retained until final disposition of patient. Upon discharge the patient shall sign the receipt of clothing and the receipted ticket shall be placed in the files.

(*b*) Enter the name, etc., (1) in the general alphabetical register of patients, which is the permanent hospital record, for future reference; and (2) on the card abstract of patients. (Form F, rough.)

(*c*) Inspect health records (Form H), and file in office.

(*d*) When a patient is discharged from the hospital the fact shall be entered upon the register of patients and also upon the health record, which is to be signed and approved.

(*e*) When an officer patient is admitted or discharged, notice shall be sent to the office for the preparation of letter to Bureau of Navigation, through commandant.

(*f*) In the case of officers or men, when necessary, the misconduct report notice of admission or discharge (I 5247 (61)) shall be made out.

1366. The approved liberty list will be submitted to him and he shall as far as possible check the same until 10 p. m., after which hour liberty men returning will be checked in by the person designated for that purpose. Liberty parties will leave at a stated hour, and he shall inspect them and see that the uniform of the day is strictly adhered to.

1367. He shall receive all patients admitted during his tour of duty, and after consultation with the executive surgeon, assign them to the proper wards. Each patient received shall have a complete physical examination to determine if any abnormality exists other than that for which admitted.

1368. He shall hold a sick call in the evening at the hour designated by the commanding officer and after its completion visit the brigs, if any prisoners are confined, at which time he shall be accompanied by the master at arms, who will see that any treatment ordered is received.

1369. He shall make himself thoroughly familiar with the details of the fire drill as prescribed in the hospital to which he is attached.

SECTION 9.—DUTIES OF THE PHARMACIST.

1371. The duties of the pharmacist comprise all that relates to the replenishment of supplies, the upkeep, expenditure, and survey of property, the commissary department, and the correspondence and clerical work of the administrative office incident to the above. He also assists in the instruction of members of the Hospital Corps.

For purposes of description these duties may be divided as follows:

1372. CLERICAL WORK IN THE ADMINISTRATIVE OFFICE: The office work, when practicable, may be divided into that of personnel and material. The pharmacist, under supervision of the executive surgeon, shall have charge of the preparation of requisitions and public bills, the general correspondence, records, files, and returns.

All letters and communications received are to be catalogued according to a comprehensive card-index system, grouped under the several bureaus of the Navy Department and miscellaneous subjects; they are to be cross indexed and filed in numbered jackets. All outgoing letters, indorsements, ration admissions and discharges, and other communications of which a permanent record is desirable, shall be carbon copied when prepared and the copies carefully indexed and filed.

(1) Division of personnel: This division shall have charge of all files, records, correspondence, and returns relating to the personnel. Under this head would come, besides the usual reports and returns (see ch. 24, sec. 4), the following: Admission and discharge of patients, reports on officers admitted and discharged, fitness reports, ration notices, entry of patients on rough Form "F," filing of hospital tickets, misconduct reports, conduct reports, requests and reports of medical surveys, reports of death, death certificates (civil authorities), conduct book, report and punishment book, register of patients, register of dead, watch detail, liberty list and pass book, and any other forms of correspondence affecting the personnel. When the health record is received it shall be sent to the office after being inspected and initialed by the medical officer receiving the patient.

who will also make the appropriate opening entries. The health record is to be continued by entries made as necessary from time to time from clinical notes taken by the officer on his ward visits. The health record will be retained in the office in a filing case provided for that purpose until final disposition of the case is decided upon. Disposition being determined upon, the medical officer in charge of the case will, from completed clinical notes, make succinct entries in health record and close case. The health record will be available at any time for reference should the medical officer in charge of the case desire to refresh his memory as to the previous history contained therein or to make necessary entries. Health records opened in hospital will be disposed of as indicated above.

(2) Division of material: This division shall have charge of:

(*a*) All requisitions and public bills.

(*b*) Weekly: Pay roll and pay vouchers for civilian employees.

(*c*) Monthly: Monthly pay roll, summary of pay roll, recapitulation of pay roll, estimate of funds, statement of monthly expenditures, and monthly report of shipments made.

(*d*) Quarterly: Quarterly bills.

(*e*) Semiannually: Requisition every six months, Form B; Form Ca.

(*f*) Annually: Maintenance statement, sanitary report, property inventory.

(*g*) Bills of lading and freight vouchers, request for blank forms on bureaus, and any other forms, returns, reports, or correspondence affecting material.

All such official papers prepared in the office shall be transmitted through the executive surgeon to the commanding officer for final action.

1373. Commissary department: The pharmacist shall have direct supervision of all matters pertaining to the commissary department of the hospital. He shall submit daily, through the executive surgeon, to the commanding officer the receipt and expenditure vouchers of the preceding day, and he shall keep a commissary ledger, which shall be posted daily. He shall inspect all stores and provisions on their receipt, noting their weight, condition, etc., and in case any articles are not satisfactory he shall immediately notify the officer of the day. The latter officer is to be notified of all stores received. He shall exercise a strict supervision over the preparation of food and the condition of mess halls, storerooms, kitchen, etc. He shall keep the executive surgeon informed of the efficiency of the personnel employed in the culinary department, and make such recommendations from time to time as would tend to increase the efficiency of this department. He shall, through his assistant, issue all commissary stores required for the daily use of the hospital. The daily issue of stores is to be made in accordance with the weekly bill of fare, prepared in advance, and issued subject to the fluctuations of personnel. He shall pay particular attention to the preparation of food, having in mind economy and proper care in preparation and service. He shall note daily that the individual service is not excessive. He shall pay especial attention to the cleanliness of all articles used in the preparation and service of food. All provisions will be issued to the kitchen and to special diet kitchens by the commissary department at designated hours. He shall detail all the culinary force, subject to the approval of the executive surgeon, and shall report to him the absence of any member of the force under his control. Order will be preserved in mess halls by persons designated for that purpose.

(For detailed instructions relating to bill book and commissary ledger see secs. 10 to 14.)

1374. Property accounting: Under the direct supervision of the pharmacist the property steward shall keep a card-index system which shall show all property on hand, except commissary stores. This system will be subdivided to correspond with headings in the bill book. No property will be issued except upon the property accountability slip, approved by the executive surgeon, which shall be filed, after the amount issued, shown by number, has been

filled in under the issue column. Property unfit for use and to be surveyed will be turned in to the property steward with property accountability slip, signed by the executive surgeon, showing under the survey column the number of articles. The signature of the executive surgeon, after careful inspection by the property steward to determine that the designation and number of articles turned in correspond to those on the slip, shall be a warrant for him to issue new articles in kind and quantity. The completion of this transaction will be shown in full or in part by the number placed in issue column. This form shall be always initialed before submission to the executive surgeon by the ward officer, head of department, or other person making the request. All storerooms shall have a property book in which all articles on hand are entered and which shall be posted from property accountability slips at least once a month. All property on charge not accounted for by storeroom property book, such as furniture, tools, etc., will be found under appropriate headings in the card-index system, and articles coming under these headings that require survey shall be delivered to the property steward with survey slip, as above noted. From the data obtained from the storeroom property book and card-index system requisitions and surveys will be made. Property on charge shall not be transferred from one person to another without proper authority. He shall submit to the executive surgeon a list of articles to be surveyed on June 1 and November 1 of each year.

1375. Hospital Corps Instruction: Subsequent to the course at one of the training schools for the Hospital Corps, hospital corpsmen will be assigned to naval hospitals or to the hospital ship for further practical bedside instruction and practical application of information received through the school course. Together with these men will be those who have changed rating to the Hospital Corps in the second half of their period of enlistment. These latter men are not assigned to Hospital Corps training schools for the present.

The pharmacist shall keep a record of the names of each one of these men and of the instruction which is given each man. This group of men shall be subdivided into smaller groups under the personal instruction of a medical officer, the pharmacist, or chief pharmacist's mate. On such days and at such hours as is most practicable each group shall receive practical instruction in the ward, the operating room, the dispensary, the diet kitchen, storeroom, the handling of records and correspondence, and the laboratory. Practical demonstrations of methods and procedures should be given by each instructor, and particular pains should be taken to see that any individual who may not appear to understand or to be able successfully to perform any act of duty may receive individual instruction by the instructor.

The pharmacist shall pay particular attention to the practical instruction of the hospital corpsmen in operative pharmacy, dispensing, and Navy and Medical Department forms and returns. Such chief pharmacist's mates and pharmacist's mates, first class, who are in the opinion of the medical officer in command deficient in knowledge of practical pharmacy, chemistry, clerical work, commissary work, and care of medical stores and property, shall be required to report to the pharmacist for instruction along these lines.

The instruction shall be so arranged that when a man reports at the hospital he can immediately take up the work. The continual reporting of men at more or less frequent intervals will necessitate the repetition of demonstrations as often as practicable. The point must always be kept in view that in training in the hospital the practical work is of paramount importance.

The instruction should be carried out until the hospital corpsman is transferred to another station, or until such time when it appears, in the opinion of the instructor, that the hospital corpsman has received such a complete rounding out of his general information as is consistent with his rating and ability.

In general all hospital corpsmen will rotate in their duties between the medical and surgical wards, operating room, and dispensary, in periods of two

months in each ward and one month in operating room and dispensary, and except in emergency no man will be kept for a longer period on any one duty until he has had training in all departments.

It is desired that such men as show peculiar aptitude, ability, or interest in any one line of work, such as X-ray, laboratory, anesthesia, etc., should receive every possible opportunity for instruction and practice along the one line chosen, in order that there may be developed within the corps a certain number of men who are qualified along these special lines. It is also desired that the names of men who have received this special instruction and have these special qualifications be submitted by the commanding officer to the Bureau of Medicine and Surgery for record.

The Handy Book for the Hospital Corps, United States Navy, may be obtained by requisition from the supply depot without cost to the hospital corpsmen.

Section 10.—Naval Instructions and Bureau Circulars Relating to the Bill Book.

1381. Medical officer in command of each hospital and the medical officer of each shore station shall keep a bill book. I 3258.

1382. The present hospital cost accounting system was devised to provide a uniform scheme of entering summaries of cost so that a more accurate idea of relative expenditures in the different departments could readily be obtained and efficiency and economy of administration of hospitals be secured. In the system the following advantages accrue:

(*a*) It provides a means of accurately classifying expenditures, so that summaries may be made and analyzed.

(*b*) Continuity of practice is assured, even if the personnel changes.

(*c*) It provides an authoritative record of the dates of completion of buildings, their equipment, and current expenses of maintenance and operation.

1383. The pharmacist of the hospital, or if there is no pharmacist, the chief pharmacist's mate, shall be required to familiarize himself with the bill book and with the system of cost accounting in connection with his duties as commissary.

1384. The information to be entered on the "Statement of cost of maintenance" will be obtained from the totals computed in the bill book.

Section 11.—Detailed Instructions Relative to the Bill Book.

1385. Enter number of all requisitions prepared on Forms 1, B, Ba, and 4 in column 1, in numerical order, beginning a new series with each fiscal year as heretofore. Stub requisitions will be given a distinct numerical series, the numbers thereof will also be noted in column 1, but in red ink to prevent duplication. Hospital copies of requisitions will be kept in a file marked "Requisitions" until the last voucher under authority of the respective requisition has been prepared.

1386. Vouchers are numbered, column 5, irrespective of requisition numbers, and are filed serially in a separate file case marked "Vouchers," beginning with No. 1 each fiscal year. The first voucher prepared under a requisition is given the proper consecutive serial voucher file number. This voucher is entered on and occupies the line in the bill book corresponding to the entry of the requisition. Subsequent vouchers, if any, under authority of the same requisition are given a distinct line in the bill book entered separately, but receive the same voucher file number (column 5) as the first voucher with the addition of a hyphen number, 2, 3, 4, etc., in order of their preparation. All vouchers prepared under authority of any one requisition will therefore be found with that requisition under one file number in the "Voucher" file case, and the several vouchers hyphenated with subnumbers in accordance with precedence.

Probably the most convenient way of filing requisitions and vouchers will be found in the jacketing system. File the requisition in a jacket—a blank envelope of the heavier type—noting on the face thereof requisition number, fiscal year, appropriation, and such other data as may be required for ready reference, as shown below, and as are required to be placed thereon from time to time. Keep the hospital copy of requisition in this jacket until last voucher is paid, then transfer this jacket to the voucher file, placing in it all previous vouchers. In this manner the requisition jackets of all unfinished requisitions will be together and the requisition jacket becomes the voucher jacket after the requisition is completed. This jacket can also be used for the filing of all correspondence relating to the particular requisition. In the case of vouchers not covered by requisitions of our bureau or by no requisitions at all, it is well to jacket these in the voucher file, placing on the jacket name of payee, amount, etc.

Samples of jackets:

Requisition jacket completed:

Year 1916. Req. 65. Voucher 62.
Appropriation: Naval H. Fund, Maint. S.
Articles: Instruments. X-ray supplies, etc.
Total number of items: 9.

Item.	Awarded to.	V.	Cost.
1–5.	Wappler El. Mfg. Co., 173 E. 87 St., NYC	62	40.45
8–9.	H. T. Dakin, 90 W. B'way, NYC	62–3	8.60
7.	Jos. Heinrichs, 948 B'way, NYC	62–4	17.50
6.	Kny-Scheerer Corp., 404 W. 27 St., NYC	62–2	3.90
	Total		70.45

Sample of voucher file jacket:

Year 1916. July. Voucher 2.
Provisions S. & A. Requisitions.

Payee.	V.	Amount.
Supply Department	2	380.13
Supply Department	2–2	72.02
I. Frank	2–3	358.37
McDermott Dairy Co	2–4	508.13
Strauss & Co	2–5	384.41
Sulzberger & Sons	2–6	12.60
Shults Bread Co	2–7	114.87
Total for the month		1,830.53

1387. All expenditures made by and on account of the hospital should show on the bill book, and the form, statement, or paper showing an expenditure chargeable to the hospital should be made a voucher, numbered serially as indicated, properly entered on a separate line in the bill book and filed in the "Voucher" files. Thus, hospital copies (third) of all requisitions prepared on Forms B, Ba, and 4; vaccine and antitoxin receipts from the bureau; stub requisitions on the supply officer for labor and material; pay roll for civil employees, etc., all become vouchers when completed or receipted, and, as mentioned above, they are to be properly numbered with a serial voucher number, entered in the bill book and filed. In the case of provisions and supplies received periodically and recurring vouchers for services of the same type, all vouchers subsequent to the first one should be hyphenated. This gives a means of ready and quick reference for totaling expenditures for certain groups of supplies and

services, and while greatly reducing the use of correspondence numbers and code letters, as indicated in paragraph 5 of these instructions, furnishes but another quick method which is useful for reference purposes. This method of entry will reduce greatly the number of voucher numbers, condense and simplify the voucher file. Since provision vouchers are now paid monthly they would mount into hundreds of voucher numbers if given individual numbers for each public bill. All vaccines, for instance, obtained by letter or telegram from the bureau should be entered in this way. The same should be done in the case of stubs, but with the following modification. All work done by the navy yard on job orders is now stubbed out. It is well, therefore, to divide the stubs into two classes, those covering job orders and those issued to cover deliveries of material. In this manner all stubs for material will have one voucher number and all stubs covering job orders will have another voucher number, thus allowing a quick compilation of the cost of material on one hand and the cost of work performed on the other. At the end of the fiscal year a complete history of expenses incurred by and on account of the hospital will be obtained in one numerical file, and this voucher file, in conjunction with the bill book, will offer ready means of reference as to any financial transaction during the fiscal year involved; they should be regarded as the permanent record for all financial transactions pertaining to the hospital, and be carefully preserved.

1388. All expenditures other than those falling under column 15 are entered twice on the bill book—first, under the proper appropriation heading, columns 10 to 14, inclusive; and, second, the same amount, split up if required, is entered under the respective group, or groups, under the heading "Analysis of expenditures." It is therefore evident that the totals under columns 10, 11, 12, 13, and 14 should at all times balance those under columns 16 to 44, inclusive. Column 15 shows expenditures made by and on account of the hospital, but where the expense is chargeable to some appropriation not under the cognizance of the Bureau of Medicine and Surgery. Enter figures under this column in red ink and exclude same from all totals.

1389. Column 8 is to be used for entering the correspondence file number whenever the requisition or voucher, or the subject matter thereof, has been given a correspondence number. This column is also intended to be used as a means of rapidly segregating and totaling a series of vouchers pertaining to one contract; material purchased in the erection of some particular structure; or in any case where it becomes necessary to secure a total from several vouchers which otherwise would not be quickly obtainable. The items may have been purchased at different times, under separate requisitions, or from several firms; again, it might be desirable to know exactly the amount or cost of some article repeatedly received on stub requisition, e. g., lumber to be used in building. By giving such vouchers, when filed, the same code letter they can at any time be readily segregated and totaled by running down column 8 and selecting those bearing a similar letter. Use capital letters of the alphabet in this connection.

1390. All stores, except stationery, received from the supply depots on Forms B, Ba, and 4 should be charged under the appropriation "Medical Department, U. S. Navy," column 11. Books and stationery should be charged against the appropriation "Contingent. M. & S." column 12. Towels, bedding, etc., received from the supply depot under the special annual requisition form, are a charge against the naval hospital fund, column 10. In posting the several classes here referred to under the "Analysis of expenditures" care should be exercised to see that they are entered under the proper heading or headings. Bedding has a distinct column; so with books and stationery; all mess gear; chinaware, etc., should be entered under "Culinary department."

1391. Since Form Y, for the preparation of which "Medical supplies" columns 19 and 20 were spearated, has been abolished, the following change as shown below has been made in the bill book. The entries under the rearranged columns are self-explanatory.

Changes under columns 19 to 23 in bill book:

Hospital supplies.			Ambulance service.	
Medicines, disinfectants, tablets, surgical dressings, dispensary and laboratory equipment, etc.	Surgical instruments and appliances, X ray, operating, and hydrotherapeutic room equipment, etc.	Hospital appliances, ward and sick room equipment, disinfecting apparatus, tents, etc.	Live stock, wagons, ambulances, harness, etc.	Provender, gasoline, horseshoeing, tires, repairs, etc.
19	20	21	22	23

"Hospital supplies," columns 19, 20, and 21, include medicines, hospital stores, surgical instruments and appliances (except artificial limbs), surgical dressings, dispensary furniture and accessories, hospital furniture. (Furniture and furnishings for the hospitals not strictly included under *hospital* furniture are entered under column 34; furniture and furnishings for staff and other quarters under column 17.)

1392. Vaccine, serum, etc., received from the Bureau of Medicine and Surgery are a charge against the appropriation "Medical Department, U. S. Navy," column 11.

1393. Microscopical outfits and any supplies received from the Naval Medical School are a charge against the appropriation "Contingent, M. & S.," column 12.

1394. Enter coal and wood used in kitchen under column 26.

1395. Under "Miscellaneous," column 25, enter ice, artificial limbs, athletic goods, typewriters, subscriptions, cleaning gear, brooms, matches, electric bulbs, maintenance of patients at other hospitals, and such other charges as can not be directly placed against any one department of the hospital.

1396. Vouchers prepared under one contract pertaining to buildings and construction, entered under column 16, should continue to receive the same serial voucher file number as of the fiscal year in which the first voucher was prepared, even though operations are carried beyond the end of the fiscal year. This will confine them, and make the cost appear as a whole under one entry in the "recapitulation" when the work has been completed.

1397. At the completion of each fiscal year the totals of the several columns will be computed and entered. The record and transaction for the year will then be recapitulated on a separate page in the bill book, this page to be the final one for the year in question, the recapitulation to be made according to: (1) Appropriations; (2) the several departments of the hospital; (3) land, buildings, permanent construction, etc.; (4) civil establishment; (5) hospital maintenance; thus:

Recapitulation fiscal year 1915.

	Column.	Amount.
Appropriation:		
Naval hospital fund	10	$15,000
Medical Department, U. S. N.	11	5,000
Contingent, M. & S.	12	3,500
Bringing home remains, etc.	13	350
Specific appropriation	14	5,000
Medical supplies	19, 20, 21	5,000
Ambulance service	22, 23, 36	1,500
Power house	24, 25, 37	13,000
Culinary department	26, 38	6,000
Laundry	27, 39	1,600
Provisions	28	20,000
Laundry building		5,000
Mortuary		2,500
Sidewalks		1,200
Land, buildings, permanent construction, etc., column 16 (to be shown in detail).		
Civil establishment	33-41	8,000
Hospital maintenance	19-35	75,000

SECTION 12.—DETAILED INSTRUCTIONS RELATING TO THE COMMISSARY LEDGER.

1411. The system of keeping accounts in the commissary department of the hospitals is essentially one of daily balance of receipts and expenditures, both as to quantities of stores and the cash values thereof, with a summary of the whole at the end of each month. This gives an accurate knowledge of commissary stores on hand at all times as well as their value, shows the expenditures of any item at a glance, and with the ration memoranda affords a ready means of computing the average per diem cost of subsistence.

1412. Receipts and expenditure voucher contains the transaction of commissary stores received and expended and the cash value thereof for one day. The entries hereon are taken from dealers' bills and supply officer's invoices and from the rough memoranda of stores issued (on hand) from the storeroom. Stores on delivery should be accompanied by duplicate invoices, and these should be initialed by the officer responsible for the proper inspection and weighing of the stores. One invoice is returned to the dealer, the other kept on file in the hospital and used, as before stated, in preparing the daily receipt and expenditure voucher. The completed receipt and expenditure voucher for the day is submitted on the following morning, through the executive officer to the commanding officer of the hospital, and upon its return a transcript of the entries thereon is made in the commissary ledger, the quantities received and expended under the respective headings and the cash value of the day's receipts and expenditures in the appropriate columns to the extreme right on the last page for the month concerned. The commissary ledger is a loose-leaf system ledger with two distinct kinds of pages, those containing the "Cash values" columns being supplied in more limited quantity, only one of these pages being used each month, the last for the month concerned. The cash extensions for each day's transactions are here entered. A study of these pages makes their use plain. It will be noted in the commissary ledger that each item contains separate columns for the entry of receipts and expenditures—marked "R" and "E," respectively. To distinguish more clearly between the two, receipts are entered with black ink, expenditures with red ink. To prepare the commissary ledger for entries write the name of the different articles purchased and on hand under the column "Items." Enter unit and unit price in the two columns below the item name.

1413. On the last day of each month take an inventory and enter the amounts on hand under "Brought forward" for the succeeding month, calculating their value always by the last contract price. Fill in at the end of each month columns on the bottom of the pages. Enter under "Carried over from last month" stores remaining from previous month. The amounts on line "Received this month," obtained by deducting the "Carried over from last month" column from the totals, has to correspond with the totals of dealers' or supply officer's bills. Under column "Unexpended" will appear the difference between the receipt and expenditure columns, and under column "Inventory" the actual amount on hand as found by the inventory. The difference between these two columns gives the "Loss on issue." The money value of the "Loss on issue" column plus "Total expenditures" gives the "Total cost of subsistence. Since provision vouchers are now paid monthly by the hospitals, the following easy method of proving the correctness of the totals in the "Cash values" column should be employed: To the sum total of vouchers for stores obtained during the month add the value of the stores brought forward from the previous month; this represents the absolutely correct value of receipts. If the sum so obtained differs from the sum total of the daily receipts, as it is bound to do, due to fractional differences and possible clerical errors, write under the total "Corrected totals" and the sum found in that way in red ink. By deducting the value of stores found on hand by inventory from the above sum the absolutely correct total for expenditures will be found, and the

same, if differing from the totals obtained from the totals of the daily entries, should be entered in the same way as "Corrected total." By dividing the corrected total of expenditures by the total number of rations, obtained from ration memoranda, the "Average cost of subsistence per diem" is obtained. Only provision items are to be carried in the commissary ledger.

1415. The ration return will be filled in from day to day according to the changes resulting from admission and discharge of patients, transfer of hospital corpsmen, employment and discharge of civilian employees, etc. The sum total of colums 1 to 9, inclusive, less sum total of columns 10 to 14, inclusive, will give the actual number of rations issued. To find the average cost of subsistence for any given time divide the total of expenditures taken from the commissary ledger by the sum total of rations issued during the corresponding time.

1416. Consideration should be given to the question of reducing the number of open purchase requisitions from hospitals. As the new bill book provides for the necessary classification of purchases into the several hospital departments under "Analysis of Expenditures," no reason remains for limiting requisitions in this respect. The only consideration in preparing open-purchase requisitions for the purchase of supplies, etc., is the question of the appropriation involved, as it is prescribed (Art. I 4654 (2), N. R. 1913), that: "They must embrace only articles required under one appropriation."

1417. Commanding officers of hospitals will see that persons charged with the duty of preparing requisitions are thoroughly familiar with the section of the instructions, article 4651, et seq., pertaining to the open purchase of supplies.

1418. To assist the purchasing pay officer in preparing proposals to secure bids from several dealers it is well to have the items of a similar nature on a requisition, or those any one dealer would probably bid on follow in sequence on the face of the requisition.

Section 13.—Instructions Regarding the Preparation of the Statement of Cost of Maintenance.

1421. Under item No. 10 enumerate in detail all permanent construction on which work was commenced during the fiscal year, whether completed or not. If work has not been completed insert "Not complete" in place of cost; the date of completion, with cost, to be shown on statement of succeeding year, e. g.:

Laundry building, 1911, completed 3-1-1912 ..... $5,000

1422. The total number of subsistence days (item No. 11) is obtained by combining the 12 monthly totals taken from the ration memoranda for the fiscal year concerned.

1423. The average cost per diem of maintenance (item No. 12) will be determined by dividing "Hospital maintenance" (item No. 1) by "Total number of subsistence days" (item No. 11).

1424. The average cost per diem for subsistence (item No. 13) will be determined by dividing total cost of "Provisions" (item No. 2) and cost of stores carried over from last month of preceding fiscal year, but less amount of stores on hand as shown by inventory on June 30 of the year in commissary ledger, by "Total number of subsistence days" (item No. 11).

1425. Example:

Subject: Statement of Cost of Maintenance, Fiscal Year 191—.

Expenditures: Taken from hospital bill book.

1. Hospital maintenance, bill book, columns 19 to 35, inclusive ..... $ _____
2. Provisions, bill book, column 28 ..... _____
3. Medical supplies, bill book, columns 19 and 20 ..... _____

Expenditures: Taken from hospital bill book—Continued.

4. Ambulance service, bill book, columns 21, 22, 23, and 33 _____ _____
5. Power house, bill book, columns 24, 25, and 37 _____ _____
6. Culinary department, bill book, columns 26 and 38 _____ _____
7. Laundry, bill book, columns 27 and 39 _____ _____
8. Care of grounds, buildings, bill book, columns 32 and 40 _____ _____
9. Civil establishment, bill book, columns 36 to 41, inclusive _____ _____
10. Land, buildings, permanent construction, etc., bill book, column 16 to be shown in detail, with date of completion, as per recapitulation in bill book, as follows:
11. Total number of subsistence days for fiscal year _____ _____
12. Average cost per diem of maintenance _____ _____
13. Average cost per diem of subsistence _____ _____

In duplicate.

1426. Under urgent deficiency act, June 15, 1917, it is directed that groceries, meats, ice, milk, etc., obtained under general Navy contracts made by the Bureau of Supplies and Accounts be paid from the appropriation "Hospital expenses." The title entered on public bills will be: "8804, Hospital expenses, 1917–1918."

Section 14.—Duties of the Master at Arms and the Chief Pharmacist's Mate of the Day.

1431. The master at arms shall have supervision over Hospital Corps quarters, brigs and bagrooms and also over the morgue and the cleaning detail (outside of wards) under such regulations as may be established by the executive surgeon.

1432. When the master at arms' duty for the day is completed (4.30 p. m. on his liberty days), the chief pharmacist's mate of the day becomes the acting master at arms. He shall receive the 9 p. m. reports from wards, see that the lights are out and the hospital is secure, and make report to the officer of the day, and perform all other duties of the master at arms until relieved by the master at arms in the morning.

1433. The master at arms shall see that the bagroom is open on the days and hours designated in the hospital routine. He shall not permit any member of the Hospital Corps to enter the bagroom, except when stowing baggage, or when inspecting the baggage of patients about to be discharged, which inspection in all cases will be done under the personal supervision of the master at arms. Patients shall not be allowed to enter the bagroom at any time.

1434. The master at arms shall receive from the night Hospital Corpsman at 7 a. m. daily reports of those absent without leave or overtime, and at a designated hour he shall report upon the same and also upon the condition of prisoners and any other matters of interest. He shall furnish the officer of the day with the names of those absent without leave, and of all prisoners to be released or confined, for entry in the daily journal.

1435. Chief pharmacist's mates shall become chief pharmacist's mates of the day in rotation after 4.30 p. m., when they shall perform the duties of those chief pharmacist's mates who are absent, on leave, or off duty.

Section 15.—Duties of Chief Nurses and Nurses in Hospitals.

1441. The authority of a nurse, necessary for the performance of duty to which she may be assigned, shall be duly recognized and enforced. (R 3322 (5).)

1442. Nurses shall familiarize themselves with the Navy Regulations, Naval Instructions, Manual for the Medical Department, and General Orders, in so far as they relate to the Nurse Corps.

1443. (*a*) The position of the chief nurse, so far as naval conditions permit, is equivalent to that of a superintendent of nurses in a civilian hospital. She shall have general supervision of all the nursing service and shall instruct the nurses in duties peculiar to naval work. She shall firmly and faithfully execute the orders of the executive surgeon and shall keep herself informed of his wishes in matters of duty and shall carry them out scrupulously and energetically.

(*b*) She shall confer with the executive surgeon regarding details of duty to which nurses are assigned, arrange their working schedule, and be responsible for the execution of orders.

(*c*) She is responsible for the maintenance of order among the nurses and shall correct abuses and prevent violation of discipline, reporting to the executive surgeon any infractions of discipline. In the case of neglect of duty, breach of discipline, or failure to obey orders from proper authority, the chief nurse may temporarily relieve the nurse from duty, and she shall report the case at once to the executive surgeon and medical officer in command.

(*d*) In arranging the detail of nurses for night duty, the chief nurse will be careful to see that this duty is distributed equally among the members of the nursing staff.

e) The chief nurse shall be directed to hold a nurses' conference once a week at a stated period approved by the commanding officer, to be attended by all the nurses on duty at the station, for the purposes of instruction and of discussing such nursing problems as may have arisen.

(*f*) The chief nurse shall always accompany the commanding officer during the weekly inspection of the hospital, and she shall make an inspection at least twice a day of those parts of the hospital where nurses are in charge or on duty.

1444. Official reports and requests submitted by nurses shall be forwarded through the chief nurse and the executive surgeon for submission to the commanding officer.

General instructions relative to the duties of nurses shall be transmitted through the chief nurse.

1445. (*a*) The chief nurse shall have charge of the sick records and health records of nurses and of records and inventories relating to Government property in the nurses' quarters, and exercise general supervision over nurses' quarters, linen rooms, and diet kitchens.

(*b*) It shall be the duty of the chief nurse to keep the official register of nurses, in which she shall enter the name, date of reporting, days sick or on leave, efficiency marks, name and address, or any other facts concerning each nurse that may be important to record, and such register shall be under her charge and available for inspection by the commanding officer or executive surgeon whenever called for.

(c) The chief nurse shall also keep a daybook, in which the detail of nurses to duty for the day is entered, the nature of the duty, number of hours on duty, etc., of each nurse.

1446. It shall be the duty of the chief nurse to report immediately to the executive surgeon any sickness requiring the relief of a nurse from duty, unless the illness is of a confidential nature, in which case she shall make a confidential report to the commanding officer. (See chap. 5, sec. 9.)

1447. When required, the chief nurse shall supervise the instruction of Hospital Corpsmen in their nursing duties.

1448. When a chief nurse is granted leave, or is otherwise absent from duty, her duties will be assumed by the senior nurse recommended for promotion, or if none has been so recommended, by the nurse best qualified, having regard to seniority as well as ability.

1449. Nurses will be under the immediate supervision of the chief nurse and directly responsible to her in matters relating to duty, conduct, and discipline.

1450. Nurses in charge of wards, operating rooms, linen rooms, or diet kitchens, permanently or for the time being, shall, for purposes of direct care of the sick, order and cleanliness, have direction and control over Hospital Corps-

men assigned to duty with them, and shall be responsible for their conduct attention to, and practical instruction in their duties. In case of inattention or of neglect of duty or of insubordinate conduct on the part of Hospital Corpsmen under her control, the ward nurse shal report the matter to the chief nurse and the ward officer, or, in his absence, to the officer of the day. (See R 3322 (5) and I 3228.)

1451. Under proper restrictions and on suitable occasions, nurses shall have the undisputed right to communicate with the commanding officer of the hospital. Such applications shall be made through the chief nurse and executive surgeon, who will first investigate the complaint or request and be able to express their approval or disapproval of the same. A nurse will be held accountable for vexatious, frivolous, or false complaints.

1452. Nurses will be required to keep such hours on duty as may be decided upon by the chief nurse after consultation with the executive surgeon, but ordinarily the unit of a hospital day's duty will be considered to be eight hours, either consecutively or in such broken periods as will best suit the requirements of the hospital service.

1453. Nurses will not be detailed for general duty in venereal wards, and a nurse will not be required to care for a patient continuously for a longer period than 12 hours at one time, except in special instances.

1454. No nurse will be required to take night duty for more than a month consecutively, unless in some special exigency of the service, and no nurse will ordinarily be called upon for night duty more frequently than one month out of every three.

1455. In hospitals where there is an active operating service a nurse detailed to an operating room may be exempted from night duty on the recommendation of the chief nurse, if such exemption is approved by the commanding officer. A similar rule may be applied to the nurse assigned as a diet nurse, and to the nurse assigned to duty in charge of the linen room, if considered desirable by the commanding officer. These exemptions from night duty of the operating room, linen room, and diet nurses may be applied only in the larger hospitals. Nurses will not ordinarily serve continuously for a longer period than six months in the operating room, or on other special details. Exceptional cases will be promptly reported to the Surgeon General.

1456. The ward nurse[1] shall be in full authority as such, and will be held responsible for the keeping of the records, cleanliness, order, and general management of the ward. It shall be part of her duties to instruct Hospital Corpsmen in all matters pertaining to the care of the sick, such as the administration of medicines, giving baths, taking of temperatures, pulse, and respiration rates, etc. The nurses will advise the chief nurse concerning the efficiency and progress of the Hospital Corpsmen, and the chief nurse will submit these reports to the executive officer.

1458. A ward nurse shall not be called away from her station and duty except for urgent reasons; nor shall she absent herself from her post of duty without being properly relieved.

1459. The nurse on duty or the chief nurse shall always, unless excused, accompany any officer officially visiting that part of the hospital under her charge.

1460. The ward nurse shall require all patients (not excused by proper authority) to be present at sick call, morning and evening, and will report the names of those absent without leave or over leave to the officer holding the sick call.

1461. Ward nurses are responsible for the condition of bed patients as to cleanliness, clinical data, etc. They shall make careful bedside notes of all cases unless otherwise ordered by the ward officer.

1462. Nurses are responsible for all keys under their charge. When leaving the ward such keys must be transferred to the senior Hospital Corpsman in

[1] The term "ward nurse" is used throughout in the sense of "nurse in charge of ward."

the ward, who will be held responsible for them, and maintain discipline during her absence.

1463. (*a*) Nurses shall be responsible for the administration of medicines and shall report any patient who refuses or fails to take his medicine at the appointed time. Nurses shall see that all poisons, narcotics, and liquors are kept under lock and key.

(*b*) Nurses shall be especially careful with regard to poisons, and shall see that the instructions concerning the care of poisons and the use of poison containers are faithfully enforced.

1464. Nurses shall see that money and valuables of patients who so request are transferred to the ward officer for safe-keeping. This shall always be done in cases where the patient's condition is such as to render him unfit to safeguard his possessions.

1465. The ward nurse shall make the detail of duty for Hospital Corps men assigned to the ward, designating to each the duties he shall perform from the time of reporting to the time he is relieved. Nurses in charge of property shall report in writing to the executive surgeon breakage of articles on charge and fix the responsibility for such breakage, if possible.

1466. The ward nurse shall be notified when a patient is to be confined in the brig or is to be restricted to the ward or hospital. When a patient is confined in the brig or is absent without leave for over 24 hours, she shall have all his clothing and belongings collected, make a list of same, and turn list and property over to the master at arms. When a patient leaves the hospital she shall see that he turns in all ward linen and wearing apparel issued to him.

1467. The ward nurse will be responsible for the proper keeping of the following books and forms or any others that may be authorized from time to time:

(*a*) Property accountability cards: These cards shall be used in making requisitions for unexpendable articles and for turning the same in for survey or to store. These are to be signed by the ward officer and countersigned by the executive surgeon.

(*b*) Ward property book: Shall contain record of all property on charge and show all changes entailed by receipt of fresh supplies and surveys. The property book will be verified by a monthly inventory, or oftener if deemed necessary.

(*c*) Admission reports: Shall show full name, rank or rate, religion, and the day and hour of admission of patient; also the name and postal and telegraphic address of the next of kin.

(*d*) Discharge reports: Shall show name, rank or rate, and the day and hour of discharge of patient, and the address to which mail shall be forwarded.

Reports (*c*) and (*d*) to be sent to the ward officer as soon as practicable.

(*e*) Clinical notes.

(*f*) Daily report of patients: Shall show the number of patients received, discharged, etc., number of vacant beds in ward, and names and rates of patients recommended by the ward officer for discharge or survey. These reports are to be sent to the executive surgeon immediately after sick call.

(*g*) Liberty list: Shall contain the names of patients and Hospital Corpsmen recommended for liberty by the ward officer.

(*h*) Light-duty list: Shall be posted daily, showing names of patients detailed for light duty in the ward, with the specific duty each is to perform. The ward nurse will also revise daily the list of patients for duty outside the ward.

(*i*) Ward order book: All orders relative to the treatment of patients shall, so far as practicable, be legibily and explicitly entered in this book and signed by the medical officer.

1468. The night nurse shall be informed of all emergencies arising in the wards and is responsible for giving timely information to the officer of the day. All orders relative to treatment shall be given to her and she will be responsible for carrying them out. Before going off duty she shall see that the morning

routine is being carried out and leave a written report of any incident worthy of note occurring during the watch.

1469. A nurse shall be detailed for duty in the operating room and will be responsible for its upkeep and cleanliness and for the general surgical technique therein.

1470. Example of a daily ward routine (subject to such modifications as local conditions demand):

6 a. m.—All Hospital Corpsmen called by night Hospital Corpsman.

6.15 a. m.—Night Hospital Corpsman calls all patients permitted to be up and see that all patients get attention as to cleanliness.

7 a. m.—Muster of Hospital Corps, followed by inspection to see that all Hospital Corpsmen are in their wards at work. Breakfast; half hour allowed.

7.30 a. m.—Breakfast for relief Hospital Corpsmen; half hour allowed.

8 a. m.—Nurses or Hospital Corpsmen take charge of ward. Sweep and polish, and arrange lockers and chairs in an orderly manner for sick call. Take temperatures, serve medicines, etc. Each Hospital Corpsman is given a definite amount of work and is to be held responsible for that work. Draw ice allowance.

8.45 a. m.—Hospital Corpsmen and patients get into uniform for sick call at 9 a. m.

9 a. m.—The ward nurse and senior Hospital Corpsman will accompany the medical officer holding sick call, and the nurse will be furnished with a book in which she shall write all treatment prescribed and which shall be initialed by the ward officer.

9.30 a. m.—Obtain medicine and other aticles ordered; turn in morning report of patients to executive surgeon. The wards having been prepared, the heads, bathroom, and washroom, will be in readiness for inspection by the executive surgeon. Send special diet sheet to the commissary department.

10 a. m.—Inspection of the hospital by executive surgeon. Dressings to be done, if any, by nurse or by Hospital Corpsmen under supervision of nurse.

11.30 a. m.—Attend to ward diets and mess gear. Dinner for relief Hospital Corpsmen.

12 m.—Dinner for Hospital Corpsmen and convalescent patients.

12.50 p. m.—Clean up after dinner.

1 p. m.—Take temperatures, serve out medicines, etc.

2 p. m.—Police wards.

3 p. m.—Sweep or polish floors as required. Draw ice for coolers, ice boxes, etc.

4 p. m.—Police wards.

4.30 p. m.—Attend to ward diets and mess gear. Supper for relief Hospital Corpsmen.

4.45 p. m.—See that each patient has had his diet, and clean up ward.

5 p. m.—Supper for Hospital Corpsmen and convalescent patients.

6 p. m.—Sweep floors, take temperatures, serve out medicines, and have wards in orderly condition for sick call.

7 p. m.—Sick call.

8 p. m.—Police wards.

9 p. m.—Report "All patients accounted for," or if there are any absentees, give their names, rates, etc., to the chief pharmacist's mate on watch. Turn out lights excepting the standing lights. Hospital Corpsmen relieved by night Hospital Corpsmen.

10 p. m.—Turn all orders over to night nurse.

Section 16.—Duties of Hospital Corpsmen.

1471. Hospital Corpsmen when received for duty will be assigned quarters and instructed in the details of their duties. (See Par. 1375.)

1472. Hospital Corpsmen who are in charge of wards will be governed by the rules laid down for nurses in charge of wards. Hospital Corpsmen at-

tached to wards will receive their orders from the nurse or Hospital Corpsman in charge of ward and carry out faithfully such instructions as may be given them.

1473. Hospital Corpsmen when off duty must not loiter about the wards.

SECTION 17.—DUTIES OF THE NIGHT HOSPITAL CORPSMAN.

1481. He shall carefully inspect the building at stated hours, render assistance to the night nurse as required and carry out such orders as may be given him. He has no authority over the night nurse, but is responsible for the maintenance of order and discipline on the part of Hospital Corpsmen, patients, and employees.

SECTION 18.—EXAMPLE OF ROUTINE FOR SICK OFFICERS. (Subject to such modification as local conditions demand.)

1491. (*a*) Morning sick call will be held at 9 a. m. Officers not in bed or excused for cause will be up and dressed.

(*b*) Officers must obtain permission before leaving the grounds from the officer of the day and report their return to him until 10 p. m., after which hour they will notify a designated person.

(*c*) Officers will notify the nurse in charge when they expect to be absent from meals.

(*d*) Smoking in bed and in the halls of the hospital is prohibited.

(*e*) Patients will not reprove nurses or hospital corpsmen, but will report promptly any discourtesy or neglect in treatment to the executive surgeon.

(*f*) Only hand baggage and one small trunk will be allowed in a bed room. Other baggage will be put in the trunk room.

(*g*) Officers will not enter the office of the hospital except for the transaction of official business.

(*h*) Meals will be served at the following hours:

Breakfast, 8 a. m.
Luncheon, 12 m.
Dinner, 6 p. m.

(*i*) Officers when discharged from hospital will leave an address at the office to which mail may be forwarded.

SECTION 19.—EXAMPLE OF RULES FOR PATIENTS. (Subject to such alterations as local conditions may demand.)

1501. Admission of patients. At regular trips of the ambulance patients will be received by the officer of the day.

1502. The master at arms will, immediately upon arrival of patients, verify their clothing lists from hospital tickets, number their bags and hammocks and transfer them to the bag room, enter names and numbers in a book kept for that purpose, and return the hospital tickets to the office for filing. Patients other than bed patients shall be directed to take a tub bath before entering the ward if this is deemed necessary.

1503. Rules governing patients in wards. All patients desiring liberty will submit their names to the nurse or pharmacist's mate in charge of ward by 8.30 a. m., who will prepare a liberty list for signature by ward officer at sick call (9 a. m.) when it shall be forwarded to the general office to be entered on the liberty book for final approval by the executive surgeon. Requests for extension of leave by telephone will be disregarded excepting in cases of emergency.

1504. Patients will be inspected before leaving hospital to see that they are in correct uniform and upon return will report to the officer of the day until 10 p. m. and after that to a designated person. The condition of patients returning will be noted in the liberty book.

1505. Patients with venereal diseases will not be allowed general liberty and their names will not be entered on the liberty list.

1506. Patients desiring to remove packages from the hospital reservation will be provided with passes by the officer of the day.

1507. Convalescent patients detailed for work in a ward may be called upon by the nurse or pharmacist's mate in charge for any light duty she or he may order them to perform. Convalescent patients for other than ward duty will receive their orders from the master at arms.

1508. Patients are permitted to smoke only in places designated for that purpose.

1509. Patients are not allowed to play cards or other games in the wards without special permission.

1510. Patients are not allowed to sit on the sides of beds, and those able to be up and about are not allowed to lie on their beds without removing shoes and neatly turning down the spread.

1511. The following articles and no others will be allowed to be kept by patients in their lockers:

BLUEJACKETS.		MARINES.	
Suit of blue or white	1	Suit of blue or khaki	1
Suits of underclothing	2	Suits of underclothing	2
Socks, pair	3	Socks, pair	3
White hat	1	Shirts	2
Blue hat	1	Blue cap	1
Neckerchief	1	Towels	3
Towels	3	Shoes, pair	1
Shoes, pair	1	Toilet articles.	
Toilet articles.			

1512. Lockers must be kept in a neat condition and be thoroughly overhauled and washed weekly.

1513. Patients should not talk loudly or make unnecessary noises in any part of the hospital.

1514. Patients are advised to deposit all money and valuables in the hospital safe, receipt being given.

1515. No fruit, candy, eatables, or liquors (alcoholic or other) are to be taken into the ward without permission of the officer of the day.

1516. Patients are to be always in the prescribed uniform.

1517. Patients are not allowed to congregate about the ward desk, nor enter Hospital Corps quarters.

1518. Patients are not allowed to wash clothes in the wards or bathrooms.

1519. Each patient in ward will be supplied with a drinking glass.

1520. Patients will avoid leaving matches, papers, or any rubbish on the floors of the wards or throwing them out of the windows, and any articles of such a character found on the floors or elsewhere shall be removed by the patient whose bed is nearest the place where they are found.

1521. Convalescent patients will be held responsible for the making up of their beds, their neat appearance, and the cleanliness of the immediate neighborhood.

1522. When a patient is transferred from one ward to another he shall be accompanied by a slip stating his previous treatment, diet, etc.

1523. Patients will observe strictly these and other rules issued for their guidance by competent authority.

1524. Discharge of patients. When a patient is to be discharged from the hospital, he shall remove soiled bed linen, wash and thoroughly clean his bed and locker, carry the mattress to sterilizer room if directed, and return to the nurse or pharmacist's mate in charge all towels, pajamas, slippers, or other hospital property he may have in his possession.

1525. The master at arms will check each departing patient's clothing list, have him sign the receipt on back of the hospital ticket, and see that he is in the uniform of the day.

1526. Patients discharged from the hospital should leave their future address at the general office so that mail may be forwarded.

1527. Monthly money lists and small-store requisitions will be prepared after approval by the executive surgeon at designated times.

1528. The names of patients recommended for medical survey will be noted on the morning report of patients on Mondays, and patients fit for duty will likewise be noted on Tuesdays and Thursdays and will usually be discharged on Wednesdays and Fridays.

SECTION 20.—INSTRUCTIONS REGARDING SUPERNUMERARIES, PENSIONERS, ETC., IN HOSPITALS.

1531. Supernumeraries may be taken to include all persons admitted to hospital for treatment, except officers and men of the Navy or Marine Corps on the active list. Retired officers and men, officers and men of the Naval Reserve Force and the Naval Auxiliary Service, members of the Nurse Corps, civil employees, officers and enlisted men of the Army, Coast Guard, Coast and Geodetic Survey, and other Federal services, Federal services of friendly powers, and natives treated in the insular dependencies may be considered supernumeraries.

1532. For methods of keeping the medical records of supernumeraries, see pars. 2245, 2247, 2293, 2365.

1533. (*a*) When necessary in emergency, supernumeraries may be admitted to hospital for treatment subject to the bureau's approval, but ordinarily permission for the admission of supernumeraries should be obtained in advance, except in the case of a retired officer or enlisted man. Specific authority for the retention in hospital of enlisted men after the expiration of enlistment is unnecessary, but a return should be made to the bureau, through the commandant, of all supernumeraries so retained. (R. 3582 (7)); (I 5247 (52).) The return referred to in I 5247 (52) shall take the form of a notification to the bureau when enlisted men are retained after expiration of enlistment and the form of a request in all other cases.

(*b*) Article R 3667 authorizes any person honorably discharged from the naval service to elect a home on board a receiving ship at any time during the four months immediately subsequent to his discharge, and each person so electing a home on board a receiving ship is allowed one ration and is required to wear the uniform of the naval service. While enlisted men are making their homes on board receiving ships pending reenlistment or for other purposes they are recognized as being wards of the Navy and are in the Navy so far as concerns receiving quarters and rations, and if sick or injured during such period must receive medical treatment on board the receiving ship or at a naval hospital, and shall be considered supernumeraries. (M. & S. No. 126472.)

1534. Retired enlisted men of the Marine Corps while supernumeraries in naval hospitals should make immediate settlement in cash for rations furnished them, or if preferred, ration notices may be sent to the pay officer having the accounts of the men in question, who will make proper checkage against their pay and allowances. Enlisted men of the Marine Corps after retirement receive in addition to pay a money allowance as commutation of clothing, light, heat, and rations.

1535. Article R 4533, Navy Regulations, 1913, prescribes that whenever any officer, seaman, or marine entitled to a pension is admitted to a naval hospital, his pension while he remains there shall be deducted from his account and paid to the Secretary of the Navy for the benefit of the fund from which such hospital is maintained (naval hospital fund). Whenever a pensioner is admitted to a naval hospital report should be made by the medical officer in command to the Honorable Commissioner of Pensions direct, giving the pensioner's name, rank or rating, and pension number. (See also chap. 23, sec. 7.)

SECTION 21.—CIVIL EMPLOYEES AT HOSPITALS.

1541. Civil employees at naval hospitals are allowed 15 days' leave with pay yearly. During this leave, if their work is of such a character that it can not be done by other employees, a temporary employee may be taken on the rolls at a rate of pay not in excess of the established pay of the rating. (M. & S. No. 124942.)

1542. Civilian employees (except those in the culinary force who will be under the pharmacist, when a pharmacist is attached to the hospital) shall be under the direct supervision of the executive surgeon and he shall require the chief engineer, carpenter, painter, and outside foreman to report to him daily at a designated hour to give an account of any work under way and receive orders for work to be done, and also report the absence or tardiness of any employees under them.

1543. Artisans and laborers employed at naval hospitals, naval medical supply depots, and the Naval Medical School are entitled to receive compensation under the act of May 30, 1908, for injuries received in the course of their employment.

SECTION 22.—THE DISPENSARY.

1551. The dispensary shall be in charge of a chief pharmacist's mate, who will be held responsible for its cleanliness and general management. One pharmacist's mate, if possible, shall be detailed for instruction in the dispensary, the period of instruction to be the same as that of the operating room pharmacist's mate. The chief pharmacist's mate in charge of the dispensary shall draw the necessary drugs and supplies from the property pharmacist's mate at designated hours. No prescription shall be filled or material issued except on an order of a medical officer attached to the hospital. The chief pharmacist's mate in charge of the dispensary shall issue drugs and fill prescriptions for the wards at a designated hour and deliver them to wards as soon as possible.

SECTION 23.—THE X-RAY ROOM.

1561. The X-ray room shall be under the direct care and supervision of a medical officer. A chief pharmacist's mate shall be detailed for duty in the X-ray room, and at least one pharmacist's mate shall be kept under instruction there. This work may be combined with the duties of the property steward. The Hospital Corpsman under instruction will act as general assistant to the property pharmacist's mate, and will have charge of the hydrotherapy room, and will be carefully instructed in the use of the apparatus under his control. A complete record will be kept of all work done in the X-ray room.

SECTION 24.—THE LINEN ROOM.

1571. The linen room shall be under the supervision of the chief nurse, and when practicable a nurse shall be assigned to assist her and have charge. If a nurse is not available, a chief pharmacist's mate or pharmacist's mate shall be in charge. Linen will be obtained from the property pharmacist's mate when necessary to keep up stock. Each ward will have a definite allowance of linen, and this shall be inventoried monthly by the nurse in charge of the ward. Articles for survey will be replaced by use of the property accountability slip.

SECTION 25.—THE DIET KITCHEN.

1581. The diet kitchens shall be under the supervision of the chief nurse, assisted by a nurse detailed for that purpose when practicable. The articles of food required for diet kitchens will be issued from the commissary department on property accountability slips. As many dishes of special nature as possible shall be prepared in diet kitchens to relieve the main kitchen of this work.

SECTION 26.—THE ARMY AND NAVY HOSPITAL, HOT SPRINGS, ARK.

1591. Erection of an Army and Navy Hospital at Hot Springs, Ark. Act June 30, 1882 (Army appropriation act).

1592. Composition of board designated to draft rules for its government. Executive order, May 6, 1886.

SECTION 27.—NAVY REGULATIONS AND DEPARTMENTAL CIRCULARS RELATING TO THE ADMISSION OF PATIENTS TO THE ARMY AND NAVY HOSPITAL, HOT SPRINGS, ARK.

1601. Authority for admission, how obtained. R 4531 (1).

1602. Accommodations, how assigned to the services. R 4531 (2).

1603. Rules governing the admission of patients, department circular, December 31, 1886 (summarized below):

SECTION 28.—INFORMATION RELATING TO THE ADMISSION OF PATIENTS TO THE ARMY AND NAVY HOSPITAL, HOT SPRINGS, ARK.

1611. The hospital is under the direction of the Secretary of War, and is devoted to the treatment of officers and enlisted men of the military and naval services of the United States, officers of the Revenue-Cutter Service, and of the Public Health Service, and honorably discharged soldiers and sailors of the Regular and Volunteer Army and Navy of the United States, for such purposes as the waters of the Hot Springs of Arkansas have an established reputation in benefiting, except that cases of venereal diseases will not be admitted.

1612. Admission to this hospital is restricted to those of the above-named classes who require medical treatment in the following order of preference: (1) Officers and enlisted men of the Army, Navy, and Marine Corps on the active lists, cadets at the Military Academy, and midshipmen at the Naval Academy; (2) officers and enlisted men of the Army, the Navy, and the Marine Corps on the retired lists; (3) officers of the Coast Guard and the Public Health Service; (4) honorably discharged soldiers and sailors of the Regular and Volunteer Army and Navy of the United States may also be admitted by authority of the Surgeon General when there are vacant beds in the hospital.

1613. Officers and enlisted men of the Navy and Marine Corps are admitted under regulations prescribed by the Secretary of the Navy.

1614. Honorably discharged soldiers and sailors of the Regulars and Volunteer Army and Navy of the United States are admitted upon the approval of the Surgeon General of the Army, from whom blank forms of application can be obtained. These must be properly filled out, giving all necessary information in relation to the applicant, and should be certified to by a practicing physician, who will state the nature of the disability and the probable period required for hospital treatment. Patients admitted under this authority may be discharged from the hospital by the commanding officer at any time he may deem proper. Expenses to and from the hospital must be defrayed by the applicant.

1615. Enlisted men on the active list under treatment or on duty or members of the Nurse Corps on duty in the hospital will have the usual allowance of rations commuted at the rate of not less than 30 cents per day for enlisted men and 40 cents for members of the Nurse Corps. Enlisted men of the Army, Navy, and Marine Corps on the retired list and honorably discharged soldiers and sailors of the Regular and Volunteer Army and Navy of the United States will pay for subsistence 40 cents per day.

1616. In certifying cases for admission to this hospital medical officers and physicians should recommend only those that are serious and obstinate, and in which there is a reasonable probability that the facilities there afforded will materially aid in the rapidity and permanence of recovery.

1617. Relief may reasonably be expected at the Hot Springs in the following conditions: In the various forms of gout and rheumatism, after the acute or inflammatory stage; neuralgia, especially when depending upon gout, rheumatism, metallic, or malarial poisoning; paralysis not of organic origin; the earlier stages of locomotor ataxia; chronic Bright's disease (the early stages only), and other diseases of the urinary organs; functional diseases of the liver; gastric dyspepsia not of organic origin; chronic diarrhea, catarrhal affections of the digestive and respiratory tracts; chronic skin diseases, especially the squamous varieties; and chronic conditions due to malarial infection.

1618. No officer or enlisted man of the Navy or Marine Corps shall be admitted as a patient into the Army and Navy Hospital until he has been condemned by a board of medical officers and the report of such board has been approved by the department.

1619. If it is not practicable to convene a board of medical officers for this purpose, the certificate of a naval medical officer or that of a civil practitioner should be forwarded to the department, giving a full description of the disability under which the patient is suffering.

1620. Upon approval by the department of the report of medical survey, the Bureau of Medicine and Surgery will forward, through official channels, to the patient an order for his admission into the hospital.

1621. The commanding officer of the Army and Navy Hospital (through the Surgeon General of the Army) is informed of the action taken by the Bureau of Medicine and Surgery.

1622. On admission to the Army and Navy Hospital the patient shall present for the information of the hospital authorities the following papers relating to his case:

(*a*) Order for admission.

(*b*) Copy of report of medical survey (if recommended by medical survey).

(*c*) Health record (if patient is on active list).

(*d*) Copy of hospital ticket (if transferred from a ship, navy yard, or special duty).

(*e*) A statement of patient's condition (if admitted upon the certificate of a civil practitioner).

Section 29.—Information Relating to the Admission of Patients to the United States Naval Home.

1631. The regulations for admission to the Naval Home require that a person shall have served 20 years in the Navy or Marine Corps and be disabled from earning his living by manual labor. However, it is customary for the Secretary of the Navy to waive the 20-year-service requirement where the applicant for admission to the Naval Home has rendered somewhere near the required number of years service, has a creditable record, and has been discharged for disability, or where he has served a number of years, has an exceedingly meritorious record, and is disabled in the line of duty.

1632. Boards of medical survey in the cases of men whom it is contemplated discharging from the service should give the patient when practicable the choice of being discharged from the service or of being transferred to the naval hospital, Philadelphia, Pa., preliminary to his admission to the Naval Home, and it is suggested that such boards enter their recommendations on the survey accordingly. Upon the arrival of the patient at the naval hospital, Philadelphia, the necessary applications for admission to the Naval Home will be made out for him there.

1633. Inmates of the Naval Home are given a clothing allowance of about $50 a year, 1½ pounds of tobacco a month, and, if not in receipt of a pension, are allowed $3 per month pocket money. Pensioners in the home are allowed to draw their pensions. Each man is quartered in a separate room. Those who are able to work and desire to do so are employed about the buildings and grounds as watchmen, gatekeepers, etc., for which they are paid from $10 to $15 a month.

CHAPTER 9.

HOSPITAL SHIPS.

Section 1.—Navy Regulations and Instructions Relating to Hospital Ships.

1701. Bureau of Medicine and Surgery to approve the design of hospital ships and have control of their internal organization and administration. R 133 (3); R 2901 (1); R 2911.
1702. Designation, duties, and cognizance of hospital ships. R 2911.
1703. Persons transported restricted. R 2912.
1704. Regulations, instructions, and conventions governing. R 2913.
1705. Assimilated to shore hospitals and manned by merchant crew and Hospital Corps. R 2914.
1706. Classed as naval auxiliaries. R 2915.
1707. Characteristic painting required. R 2916.
1708. Neutralization rules. R 2917 (1–3).
1709. Hospital ships subject to inspection by commander in chief. R 2918; I 908.
1710. Commanding officer and succession to command. R 2919 (1) (2).
1711. Orders to hospital ships. R 2919 (3).
1712. Junior medical officers. R 2920.
1713. Traffic forbidden. R 2921.
1714. Intoxicating liquor forbidden. R 2922.
1715. Civilian complement, how classified. R 2923.
1716. Authorities and duties, etc., of masters of hospital ships. R 2924 (1–16).
1717. Responsibility and duties of first officer. R 2925.
1718. Responsibility and duties of chief engineer. R 2926.

Section 2.—Naval Instructions Relating to Hospital Ships.

1721. Arrangement of messes. I 4001.
1722. Boat instruction. I 4002.
1723. Signals used and instruction in signaling. I 4003.
1724. Accounts of officers and men carried on a designated naval vessel. I 4004.
1725. Subsistence and issues. I 4005; I 4549 (1); I 4951.
1726. Accounts of master. I 4006.
1727. Shipments, appointments, discharges, uniforms, etc., governed by Regulations for Naval Auxiliary Service. I 4007.
1728. Hospital ship regulations to govern civilian crew. I 4008.
1729. Obedience to authority enjoined. I 4009.
1730. Deportment required to be civil and decorous. I 4010.
1731. Uniforms. I 4011.
1732. Improper conduct forbidden. I 4012.

1733. Smoking rules and other regulations. I 4013.
1734. Officer and quartermaster always on duty in port. I 4014.
1735. Harbor regulations regarding refuse to be observed. I 4015.
1736. Ship's log. I 4016.
1737. Duties of the master. I 4017 (1–7).
1738. Duties of the first officer. I 4018 (1–6).
1739. Duties of the deck officer. I 4019.
1740. Duties of the chief engineer. I 4020 (1–11).
1741. Medical officer in command to make the same reports as are required from naval hospitals. I 5231.
1742. Medical officer in command.
(*a*) Relations with master. I 4230.
(*b*) Authority to relieve master of his duty. I 4232 (1).
1743. Responsibility of master. I 4231 (1).
1744. Reporting position by radio. General Order No. 130.
1745. Transfer of patients to hospital ships, see chapter 17, section 9.
1746. Transfer of dead to hospital ships, see chapter 20, section 12.

CHAPTER 10.

ORGANIZATION OF THE MEDICAL DEPARTMENT FOR THE CARE AND DISPOSITION OF THE WOUNDED AFLOAT AND IN EXPEDITIONARY SERVICE ON SHORE.

SECTION 1.—NAVY REGULATIONS AND NAVAL INSTRUCTIONS RELATING TO PREPARATION FOR AND THE CONDUCT OF THE MEDICAL DEPARTMENT IN BATTLE AND SUBSEQUENT TO BATTLE.

1801. Medical Department is charged with making provision for care of wounded in battle. R 2901 (1).

1802. Hospital ships to care for and transport the wounded. R 2911.

1803. Medical officer of a ship to make suggestions regarding care and comfort of wounded. R 2954.

1804. Medical officer to be in readiness for relief of wounded and instruct ambulance party in first aid. R 2956.

1805. After battle medical officer to make duplicate report of killed and wounded. R 2957; R 2061 (3).

1806. Chaplain's duty and station in battle. R 3102.

1807. Red Cross cooperation in war. R 3861.

1808. Fleet surgeon to make a tabulated report of killed and wounded in action. I 1122 (7).

1809. Executive officer's report after battle. I 1407.

1810. Distribution of first-aid appliances and instruction in first-aid. I 2109.

1811. Medical officer's duty to wounded in battle. I 2128.

1812. Station of pay division in battle. I 2203 (4).

1813. First-aid instruction to men by divisional officer. I 2641.

1814. Instruction to Hospital Corps in first-aid and transportation methods. I 2642.

1815. Reports from officers after battle. I 5327.

1816. Report of casualties in action. (Form K2.) I 5222 (5)*r*.

SECTION 2.—DETAILED ORGANIZATION FOR RELIEF OF WOUNDED ABOARD SHIP.

1821. The regulations require that the medical officer shall frequently advise the divisional officers in the use of first-aid appliances. These include shell wound dressings, designed to protect wounds caused by shell fragments, and tourniquets for control of hemorrhage. In addition, instruction in resuscitation of the apparently drowned is given. Medical officers should prepare lists of fractures, wounds, burns, scalds, etc., of various parts of the body, and drill Hospital Corps, relief-station crews, and stretcher bearers in these subjects. When a yeoman is detailed to help with the clerical work he should be instructed in spelling the various diagnoses, taught the key letters, and also such blank forms of the Medical Department as may be used, should be fully explained. Where training in the use of rescue breathing apparatus is given, this shall, in all cases, be undertaken in the presence of a medical officer

(General Order No. 118, Sept. 15, 1914). The divisional officers in turn give instruction to the men under their immediate command. (I 2109; I 2641.) The medical officer also provides for the instruction in first-aid and transportation methods of the Hospital Corps and stretcher men in number equal to about 2 per cent of the complement of the ship. (R 2956.) Turrets, handling rooms, gun stations, torpedo, fire, and engine rooms, and fire-control stations and other stations not readily accessible, in which men and officers are stationed in battle, should be provided with first-aid packages, shell-wound dressings, and tourniquets. Dressings for burns and scalds in engine and fire rooms, plainly labeled, should be accessible to the occupants of these stations. (See par. 1003.)

1822. (*a*) Modern naval warfare presupposes a high casualty rate and a rapid accumulation of wounded, but the casualty rate will vary widely on different ships, probably being highest in the leading divisions. Any effective organization of medical personnel to meet the demands of the wounded in a naval engagement will usually go beyond the facilities of a single ship and will necessitate the adoption of a more comprehensive scheme of assistance external to the ship, but every vessel should be self-sustaining so far as practicable, and no effort should be spared to attain this end. When the ship's band is detailed to the ambulance party its members should receive systematic instruction in first-aid and nursing so that, besides acting as stretcher bearers, its members may be able to supplement in some measure the work of hospital corpsmen during action. Stretcher bearers should be thoroughly familiar with all passageways and ladders leading to dressing stations from various parts of the ship. When wide dispersion of the ships or other conditions render outside assistance unavailable, the measures to be adopted by the ship's resources alone during and subsequent to battle will comprise the following:

(*b*) Continuous first-aid service to the wounded during battle on the part of the personnel at large. The effectiveness of this service will depend largely upon the thoroughness with which the units have previously been instructed by the medical and divisional officers, as required under the regulations, and how well they have become imbued with the principle that first-aid, calmly administered by themselves or comrades, represents the maximum service that can be rendered the wounded during the height of a naval action. The ship's force should have been warned that elaborate measures of treatment or extensive transportation during battle are both inadvisable and impracticable. The wounded man, after the administration of first-aid, should be placed to one side, where his presence will be least felt and where he will not incommode or disturb the fighting force.

(*c*) In a suspension or lull of the battle or after the engagement, upon notice from the central station, and when prompt treatment of the wounded in or near the fighting position is denied or deferred for any reason, the stretcher men may be required to seek out and transport certain of the wounded to the battle dressing stations. It should be the first duty of the medical officer to give attention to such of the wounded as may render further service at the guns or elsewhere after the application of the appropriate treatment. These men should be promptly returned to their stations. It must be borne in mind that the primary purpose of first-aid is to keep as many effectives at their stations as possible. A graver class of injuries may require deliberate surgical intervention, but extensive procedures on the part of the ship's force are only legitimate if evacuation of the wounded for any reason, is delayed or rendered inadvisable. The personnel of the Medical Department should institute a search for the seriously wounded to afford them relief and to prepare a list of the dead as soon as practicable. To assure the wounded early and efficient treatment, effect their rapid removal from the fighting ship, and insure a continuous record of each case is the object of the organization.

1823. General quarters: When at exercise simulating action (in so far as it is possible to do so), the medical officer will employ this opportunity to instruct the personnel of the dressing stations in their duties, assuring himself that all members of the ambulance party are competent to administer first-aid;

that they understand their stations and the limits of the ship assigned to them, and the usual routes of transport to and from the groups of personnel. At drill, the dressing stations will not be equipped in advance of signal "general quarters."

1824. Battle dressing stations:

(*a*) Battle dressing stations should be easy of access and located behind armor. Routes to dressing stations should be indicated by an arrow and a red cross. There should be at least two, one being installed as a main or primary station and one as an accessory or secondary station. The stations should have an abundant supply of drinking water, all connections being installed behind armor. As these connections might nevertheless be interrupted storage tanks for drinking water should be provided having a capacity sufficient to furnish in first-class ships 1 gallon of water per man, allowing for 20 per cent of wounded. Dressing stations should also be well ventilated, well lighted, and as cool as the surroundings will permit. It has been estimated that each 36 square feet of area should be provided with one cargo light of approximately 200 candlepower (6 lamps). If possible, connections for electric lights should be distributed on two circuits; lanterns or some other means of lighting should be available in case the electric lighting circuits suffer interruption. Electric or steam connections should be provided for the water, dressing, and instrument sterilizers. In ships wherein proper connections are provided sterilizers should be removed from the surgical operating room and set up in the main dressing station prior to action. When so installed they should remain during the period of hostilities. If possible, there should be some provision made for the drainage of this space. In the vicinity of the dressing station or adjoining it there should be arranged a berthing space for the wounded sufficient to accommodate about 10 per cent of the complement. This space should be easy of access from the dressing station, and, like the latter, have an abundant air supply. In addition to the usual equipment transferred from the sick bay and operating room and distributed in the dressing stations the following articles should be provided: Electric fans, with proper connections; half tubs; water buckets; swabs and brooms; washing stands; tables for apparatus; shelves; supports or hooks for irrigators, etc.; dressing lockers; bedding for the berthing space for wounded; restoratives, etc. A reserve supply of surgical dressings should be available on this deck in a secondary station, behind armor, and accessible for distribution to the dressing stations, if required.

(*b*) The station of the medical officer of the ship during action will, as a rule, be at the main (operating) dressing station, where he will see that the necessary equipment is provided.

1825. Preliminary to battle the personnel should be required to bathe and put on clean underclothing.

As part of the preparation for battle it is recommended that socks, drawers, and undershirts be soaked for five minutes overnight in a solution of ammonium phosphate, made by dissolving 1 pound of ammonium phosphate $(NH_4)_2HPO_4$ in 2 quarts of water, which reduces inflammability. When large quantities of this solution are made up and kept for future use and many garments are to be soaked in it, add boric acid, 1 ounce to each 2 quarts, to prevent fermentation. Except in the most rigorous weather, the uniform for action should be clean white (washable) clothes. When whites are to be used, they also can be immersed in the ammonium phosphate solution. (See par. 1003.)

1826. Means of identification of the dead, as required by article 17 of the Tenth Hague Convention, should be provided for each officer and man. (See 2097, Identification tag.) (See General Order No. 294.)

1827. The organization of the Medical Department, showing all dispositions under battle conditions, should be worked out for the ship as soon after going into commission as practicable. Provision should be made for instruction of officers and men in first-aid; for the equipment and organization of battle dressing stations, as described above; and for a definite organization of the personnel of these stations, as well as for their progressive instruction in first-

aid and transportation methods. During action the difficulties of transportation preclude any extensive exercise of the functions of the stretcher men, and as their most important duties are to be performed when the action is over, or during interval of action, they will avoid exposing themselves unnecessarily. Such emergency work as is feasible will be performed.

1828. The galley and bakery in ships of old type, if intact, after an engagement may be placed at the disposition of the medical officer for preparing additional hot water and dressings and for sterilizing instruments.

1829. Operating room: If not dismantled, the ship's operating room may be made use of after the action to supplement the work of the dressing stations, provided the removal of the gravely wounded direct to hospital ships is not feasible.

1830. Transportation of wounded: Apparatus will be provided by the Medical Department of the ship for transportation of wounded, but complicated appliances liable to disablement will be avoided. Simple measures designed to facilitate transporting wounded by stretcher directly to the dressing stations by the most convenient hatch, down which they will be lowered or passed by hand to the deck below, or over the side to boats from the hospital ship, are to be preferred to more elaborate means of transport.

1831. A suitable place should be assigned for the disposition of the dead.

1832. When the medical transport or hospital ship is at hand, the seriously wounded should be transferred as promptly as is consistent with their welfare. A fighting ship should be cleared of such cases as soon as possible after an action, in order that she may be ready to reengage in battle. On the other hand, patients who will probably soon be fit for duty should be retained on board, and these may constitute a large proportion of all cases.

SECTION 3.—THE LANDING FORCE FOR EXPEDITIONARY SERVICE.

(See also, The Landing Force and Small Arm Instructions; Drill Regulations for the Hospital Corps, U. S. Navy; Uniform Regulations, U. S. Navy, 1913; and Sanitary Directions for Landing Parties, ch. 14, sec. 9. See Fleet Regulations.)

1841. The organization of the Medical Department for duty with the landing force will depend upon the size and character of the expedition. The landing force may consist of a battalion, regiment, or a brigade. The organization of the battle fleet into four divisions, each of four ships, contemplates the landing force of a division (four or five battalions, including the marine battalion) as a regiment, and the total force of the fleet (four regiments) as a brigade. Two or more companies form a battalion, two or more battalions a regiment, and two or more regiments a brigade.

1842. The brigade surgeon will serve on the staff of the brigade commander. He will be held responsible for the efficiency of his department and from time to time make such suggestions and recommendations to the brigade commander relative to the same as the exigencies of the case may demand. When furnished with information regarding the military situation, it shall be his duty to study it and to take the initiative in preparing for and anticipating demands and emergencies in his department. He shall act upon his own responsibility when necessary to do so, reporting his action to the brigade commander for his approval. He shall submit plans beforehand whenever practicable. He shall keep records and notes of all events and matters of importance in connection with his duties, and to assist him in this duty he will have detailed as a member of the noncommissioned staff a chief petty officer (chief pharmacist's mate) or a pharmacist.

The brigade surgeon shall have general direction of all divisions of the sanitary personnel; the organization of the transport column and the reserve medical supply; evacuation of sick and wounded to the rear; and the organization of such field or base hospitals as the exigencies of the service may demand.

1843. The regimental surgeon is selected by the regimental commander from the list of senior surgeons of the ships of the division.

The regimental surgeon shall prepare for the regimental commander of landing parties such sanitary, hygienic, and hospital regulations as may be required, and shall submit such recommendations as he may deem necesary for the preservation of the health of the command. Whenever practicable such regulations and recommendations shall be submitted to the brigade surgeon for prior approval. He shall advise the regimental commander regarding the organization and equipment of the ambulance parties of the several battalions, and shall submit regulations for the instruction in first aid of the wounded and for the practical drill of stretcher men. He shall, if necessary, establish and assume general charge of the regimental aid station, and shall make all arrangements for the transport of sick and for forwarding cases to the rear for treatment. He shall inspect and assume general charge of the ambulance parties whenever the latter are massed by direction of the regimental commander. He will prescribe the medical and surgical outfits to be landed in any case, regarding which he will advise the battalion surgeons, and report regarding the number of mounts and the transportation required for the medical personnel and material.

1844. The battalion surgeon shall be held responsible for the efficiency of his department, and shall make such suggestions and recommendations to the battalion commander and keep such records as the exigencies of the service may demand. He shall take the initiative in providing for all details to meet the emergencies of the service.

The battalion surgeon shall organize and instruct the ambulance party as directed by the battalion commander. He shall establish an aid station and assist the regimental surgeon in carrying out the general regulations for the care of the sick and wounded and for the preservation of health. He will prescribe, under the direction of the regimental surgeon, the necessary medical and surgical outfits, see that first-aid packages are distributed, and report to the regimental surgeon, through official channels, regarding the number of mounts and the transportation required. He shall assure himself that none of the personnel to be landed is suffering from active venereal diease, infectious or contagious disease, and that all have had protective inoculations and vaccinations against typhoid fever and smallpox. Conditions of the feet interfering materially with marching should determine a man's rejection for active and distant service ashore.

1845. The ambulance party of each battalion will be composed ordinarily of one stretcher man for each section (two sections to a company), with a chief pharmacist's mate and as many Hospital Corpsmen as the circumstances may demand. One stretcher will be provided for each pair of stretcher men. Stretcher men will be a permanent detail, in order that their instruction may be progressive, and they will not be detailed from the engineer force unless unavoidable. (Atlantic Fleet Regulations, 1913, par. 208 (6).) The necessary medical and surgical outfits will be prescribed my the surgeon. The ambulance party will ordinarily carry no weapons but may be armed if necessary for its own defense or for that of the sick or wounded or be provided with an armed escort, furnished with authority in due form, and will wear the Geneva cross (brassard) on the left arm. An armed escort or guard will be provided with a certificate of identity. The distinctive Red Cross flag will be displayed over sanitary formations and establishments. Against a savage or uncivilized enemy, however, the men of the hospital staff and ambulance party will always be armed. (Art. 8, Geneva Convention.) Surgeons will wear swords only at parades, ceremonies, and on other occasions when prescribed. On active service and at practical exercises with the landing force they will be guided by orders issued governing uniform, etc., or observe the rule of the hospital staff.

1846. The special equipment of the ambulance party is as follows:

(*a*) One litter for each two stretcher men.

(*b*) Brassard on each arm for each man.

(*c*) Hospital Corps pouch for each Hospital Corpsman (large for chief pharmacist's mate; small for others).

(*d*) Hospital Corps flag for each detachment. (If acting singly the national flag will be displayed with the Red Cross flag.)

1847. (*a*) Naval officers and men serving with an expeditionary force of marines may wear the field uniform prescribed for officers and enlisted men of the Marine Corps, respectively, substituting naval insignia for those of the Marine Corps. (Art. 55 (*b*); Uniform Regulations, 1913.) The following allowance of baggage is prescribed for officers ordered on expeditionary duty with marines: All officers—bedding and clothing roll (mounted officers, in addition, horse equipment); field officers—two steamer trunks. No trunk shall be taken whose cubic contents is more than 5 feet. Officers will provide themselves with the standard Army trunk, dimensions 31 by 17 by 14 inches. (Headquarters, U. S. Marine Corps, Aug. 9, 1913.)

(*b*) Men of the Navy Hospital Corps are entitled to an initial gratuitous issue of clothing when ordered to expeditionary service, to consist of the following articles, viz:

1 hat, field.	1 belt, trousers, web.
2 shirts, flannel.	1 shoes, russet, pair.
2 trousers, field.	1 leggings, pair.

The issue of the above articles in the quantities prescribed is a proper charge against the appropriation "Contingent, Navy," and the appropriation "Maintenance, Quartermaster's Department, Marine Corps," will be reimbursed for all issues made as gratuitous.

Upon the receipt of an approved requisition from a man of the Navy Hospital Corps, ordered to duty with a marine expeditionary force, such requisition bearing the approval of the chief surgeon, the quartermaster of the organization to which the man is attached will issue the clothing. (System of Accountability, U. S. M. C., par. 244.)

Two rating badges (special) are issued with the above outfit.

1848. The Landing Force and Small Arms Instructions provides that during an engagement additional reinforcements of stretcher men may be detailed from pioneers, signalmen, and others.

1849. A hospital ship or ships will be used as a base hospital whenever practicable, and the sick and wounded will be sent on board as promptly as possible in order to relieve the sanitary force and to avoid hampering the movements of the landing force. In case a base hospital is established on shore it will be under charge of a medical officer detailed for that purpose who will cooperate with the brigade surgeon. The injured will remain in the base hospital until they are fit for duty or able to be sent to a home station.

1850. Distant service: Special provisions must be made for transport of the sick and wounded in the case of distant expeditions and long marches. Requisitions should be made upon the regimental quartermaster (or upon commissaries in case of battalions acting alone) for necessary transportation of the medical material and personnel, including the disabled.

1851. As provided under article 4, Geneva Convention of 1906, and article 17 of the Tenth Hague Convention of 1907, all personnel should carry an appropriate identification mark or tag.

1852. Loose leaves from health records and Form F (cards) will ordinarily be the only material landed with expeditionary forces for keeping medical records, medical histories being entered thereon and inserted in health record at a later date or upon return to the ship.

1853. Fast pulling boats or steam launches containing the medical officers with assistants and proper outfits, will be stationed in rear of the main line at the end of the tow. They will be designated by the hospital flag placed in the bow of the boat.

1854. Parades, reviews, drills: Posts of officers.

(*a*) Regimental staff (including regimental surgeon). In all formations the staff and aids are 3 paces in rear of the regimental commander, the regimental adjutant on the right, the other staff officers and aids in order of rank, the senior

on the right; but if only one staff officer is present he takes post 3 paces to the rear and 1 pace to the right of the regimental commander.

(*b*) Battalion staff (including battalion surgeon). The staff officers, except the adjutant, in order of rank, the senior on the right, take post 1 pace apart, 3 paces to the rear of the battalion commander.

(*c*) The staff of the reviewing officer is in single rank, 6 paces in the rear of him, the senior to the right.

(*d*) When passing in review the staff of each commander salutes and returns to the carry with him.

When landing for parades or reviews ambulance parties will not be massed, but each will follow its own battalion, each stretcher being carried by four stretcher men, the stretchers being horizontal and carried abreast of each other. In all other cases the special detail will be massed by regiments, and for actual service or for drills other than parades there will be one stretcher for each two stretcher men. (Atlantic Fleet Regulations, 1913, par. 208 *a*.)

On parades the ambulance party will be landed not simply for parade but to administer first-aid and handle cases of sunstroke or accident. (Atlantic Fleet Regulations, 1913, 208 *b*.)

SECTION 4.—OUTLINE OF THE ORGANIZATION OF THE MEDICAL DEPARTMENT IN THE FIELD.

1861. The functions of the Medical Department in the field fall under the following headings: (*a*) Sanitation; (*b*) professional care and treatment of sick and wounded; (*c*) providing medical and hospital supplies; (*d*) collection and evacuation of sick and wounded.

1862. Assistance will usually be rendered to the wounded at the following points: (*a*) The regimental aid station; (*b*) the dressing station; (*c*) the brigade hospital; (*d*) the base hospital (hospital ship or other ship).

1863. At the beginning of an engagement the wounded are cared for by the regimental ambulance party. Those able to walk are taken to sheltered places as soon as possible, out of the way of advancing troops.

If the size of the regimental ambulance party permit, the force at each regimental aid station (*a*) may with propriety be divided or disposed so as to handle the slightly wounded separately. Their presence in considerable numbers interferes with the treatment of serious cases and they require only an application or readjustment of a first-aid bandage before being ordered back to their post of duty.

1864. Regimental aid stations are established under shelter by the regimental surgeons as near the firing line as possible. If the enemy's fire is such that the wounded can not reach the station, advantage is taken of the character of the terrain affording temporary shelter, and the wounded are brought in during lulls in firing or after nightfall. At this station the Hospital Corpsmen shall be prepared to apply tourniquets, adjust temporary splints, apply protective dressings, and administer stimulants. They should carry knives or heavy bandage shears for cutting away clothing in addition to the usual equipment contained in the Hospital Corps pouch. The wounded who are able to walk will, after the application of a simple protective dressing, be marched to the dressing station or, in the case of trivial wounds, be directed to resume their posts on the firing line. The wounded who are unable to walk will be carried from the aid station to the dressing station (or direct to the field hospital).

1865. The brigade dressing station is the assembling point for the wounded from the regimental aid stations. It will be located at some point protected from rifle and artillery fire, accessible to the aid stations, and at a point that can be reached by ambulance or other transportation. A water supply and firewood or other fuel are desirable features at this point.

The dressing station will be designated by a Red Cross flag[1] by day and will hoist a white over green light at night. At this station all dressings will be carefully examined, but not renewed unless absolutely necessary. Tourniquets will be removed and bleeding vessels tied, splints readjusted, and the wounded classified and tagged. Examination of wounds shall be restricted as much as possible, and the cleaning of the wound and surrounding skin limited to what is absolutely essential. Water, food, and stimulants will be served out as required. After inspection, treatment, and classification of the wounded they will be transported to the rear as soon as possible.

1866. The aid and dressing stations are of necessity of a temporary character, and should be kept as mobile as the character of the work at hand will permit.

1867. If the landing force is on distant service a field hospital may be necessary. This hospital should be located beyond the zone of conflict, usually 3 or 4 miles in rear of the dressing station.

1868. The brigade hospital receives the wounded from dressing stations and retains them for treatment only so long as may be necessary to arrange for their further transportation to the rear (base hospital).

Only urgently necessary operations will be performed at this point, and the brigade hospital should be promptly cleared of all wounded as soon as their condition permits of transportation. The brigade hospital will fly a Red Cross flag by day and will hoist a green over a white light at night.

1869. The base hospital will be established at the advance naval base. This hospital may not be needed, or needed only as a receiving station, or convalescent camp or reserve hospital, if a hospital ship is available.

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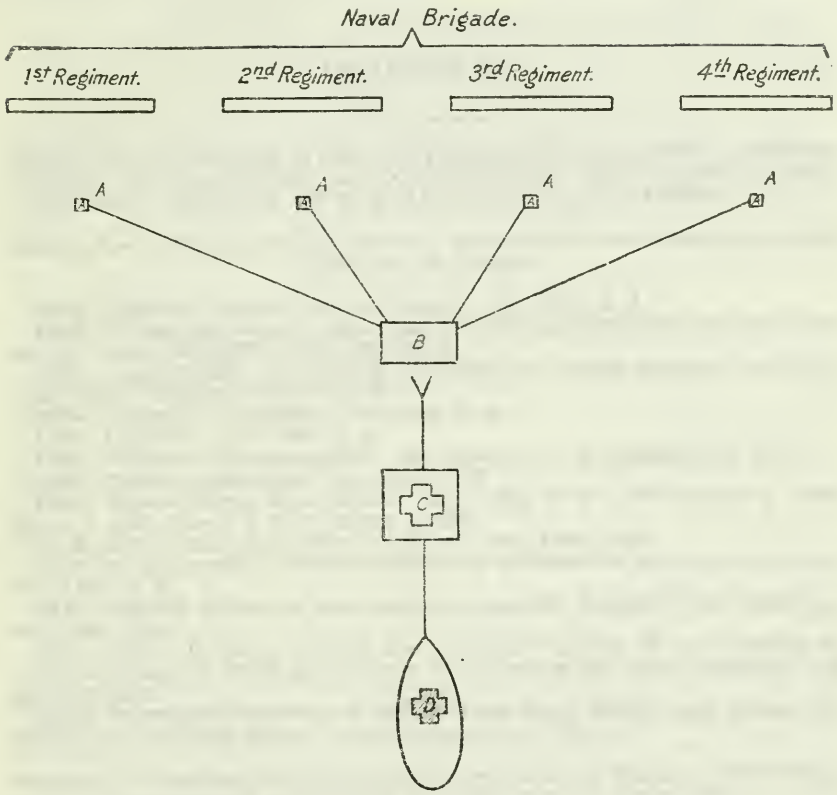
[1] The flag of the Geneva Convention for use at a dressing station has the following dimensions. White bunting, 28 by 16 inches, with a red cross of bunting 12 inches high and 12 inches wide in the center, arms of cross to be 4 inches wide. For a brigade hospital, 6 by 4 feet, with a red cross of bunting 3 feet high and 3 feet wide in the center, arms of cross to be 12 inches wide.

SECTION 5.—DIAGRAM.



Lines of assistance for Landing force.

A. Regimental aid stations: Here skulkers should be checked and effectives separated from noneffectives.
B. Brigade dressing station: Not necessary when a regiment is acting singly. Here cases are assembled from the whole brigade for classification and transport to rear.
C. Brigade hospital: Not necessary if operating near base. Located 3 to 4 miles in rear of dressing station, out of range of weapons.
D. Base hospital: Not necessary if a hospital ship is used as base hospital.

CHAPTER 11.

PHYSICAL EXAMINATION OF CANDIDATES FOR ADMISSION, APPOINTMENT, OR PROMOTION AS COMMISSIONED AND COMMISSIONED WARRANT OFFICERS OF THE NAVY AND MARINE CORPS.

SECTION 1.—LAWS RELATING TO PHYSICAL EXAMINATION FOR APPOINTMENT AND PROMOTION OF OFFICERS.

1901. Officers of vessels shall be citizens. Sec. 1428, R. S.

1902. Officers appointed by President, by and with advice and consent of the Senate. Secs. 1369, 1378, 1400, 1402, R. S.

1903. Appointments of assistant surgeons and acting assistant surgeons. (See under "Medical Corps," ch. 2.)

1904. Assistant paymaster. Sec. 1379, R. S.

1905. Chaplain. Sec. 1395, R. S.

1906. Professor of mathematics. Sec. 1400, R. S.; act January 20, 1881.

1907. Naval constructors. Sec. 1402, R. S.

1908. Marine Corps, appointment. Sec. 1599, R. S.; acts August 5, 1882, March 3, 1899, March 3, 1901, March 3, 1903.

1909. Officers not promoted to be retired. Sec. 1447, R. S.

1910. No officer promoted unless physically qualified for all his duties at sea. Sec. 1493, R. S.

1911. Wounds in line of duty do not necessarily disqualify for promotion. Sec. 1494, R. S.

1912. Officer failing physically from disability in line of duty entitled to retire with rank to which his seniority would entitle him to be promoted. Act March 4, 1911.

1913. Physical examination of officers of the Naval Militia upon muster into service of the United States. Act of February 16, 1914.

SECTION 2.—NAVY REGULATIONS AND NAVAL INSTRUCTIONS RELATING TO PHYSICAL EXAMINATION OF OFFICERS FOR ADMISSION AND PROMOTION.

1921. Bureau of Medicine and Surgery to provide for physical examinations. R 133 (1).

1922. Physical examination for Medical Reserve Corps. R 2982.

1923. Physical examination for Dental Corps. R 2989.

1924. Appointment subject to (physical) examination. R 3301 (1).

1925. Physical examination to precede mental and professional and examination to terminate if physically unfit. (R 331 (2).) R 3301 (2).

1926. Physical qualifications of candidates for assistant paymaster. (R 332 (2).) R 3306 (1).

1927. Physical examination for assistant paymaster. R 3306 (2).

1928. Physical examination for assistant surgeon. R 3305 (1).

1929. Physical examination for acting assistant surgeon. R 3305 (2).

1930. Physical examination for chaplain. R 3307 (2).

1931. Physical examination for assistant civil engineer. R 3309.

1932. Physical examination for machinist. R 3315 (3).

1934. Physical examination for nurses. R 3322 (2).

1935. Physical examination for paymaster's clerk, Marine Corps. R 4142 (3).

1936. Physical examination required on promotion in Navy. R 3331.

1937. Physical examination for promotion in Marine Corps. (I 3662 to 3671) R 3332 (2).

1938. Health record on physical examination. I 708; I 3257.

1939. An officer due for promotion may be examined on a foreign station. R 3333.

1940. Physical examination precedes professional. R 331 (2).

1941. Officer failing physically may be retired in next rank. R 331 (3).

1942. Procedure when officer is rejected physically for promotion. R 331 (4).

1943. Typhoid prophylactic to be administered to all persons upon their first entry into the naval service. I 3212.

1944. Examining boards for the Medical Corps to forward merit roll of candidates for admission or promotion direct to bureau semiannually on January 1 and July 1. I 5247 (9).

Section 3.—Instructions Relating to Such Examinations.

1951. All candidates for appointment as commissioned officers in the Navy or Marine Corps from civil life and all officers preliminary to promotion must be physically examined by a board of officers, including naval surgeons. Candidates for admission to or promotion in the Medical Corps are examined by a board of medical officers. The physical examination will precede the mental and professional.

1952. In conducting the physical examination for such appointments the board of medical officers designated for this purpose shall be governed substantially by the instructions contained in the Navy Regulations relating to the physical examination of recruits. (See ch. 12.)

1953. The board shall exercise the greatest care in the performance of this duty, and in the interest of efficiency a high standard of physical requirements should be maintained.

1954. The examination in each case must be completed according to the official forms, and under no circumstances shall it be suspended on the recognition of a disqualifying defect.

1955. The board is further required to make a careful urinary analysis in the case of every candidate undergoing examination for appointment or promotion. The urine should be tested qualitatively, and (if deemed necessary) quantitatively for sugar and albumin. In every case where albumin exists in appreciable quantity a microscopic examination of the urine shall be made.

1956. In every case in which the physical condition of the candidate shows a marked deviation from the usual standards of height and weight, or where there exists marked cachexia or any evidences of constitutional weakness, he shall be rejected.

1957. Every applicant must have at least 20 sound teeth, and of these not less than four opposed incisors and four opposed molars. Upon promotion defective teeth alone do not cause rejection. Teeth properly filled shall not be considered unsound.

1958. A candidate for admission must declare under oath that he labors under no mental or constitutional disease or weakness or any other imperfection or disability that may interfere with the most efficient discharge of the duties of an officer in any climate. An officer for promotion makes a similar statement, but this is not required to be sworn.

1959. In the case of officers for promotion the vision and hearing and the functions of all the other organs of the body must be such as in the opinion and judgment of the board will enable the officers undergoing examination to perform efficiently all of their duties at sea.

1960. In the Medical Reserve Corps and the Dental Reserve Corps for active service only in time of emergency the physical qualifications for candidates shall conform in general to those for the other corps of the Navy.

1961. Any one of the following conditions will be sufficient to cause the rejection of a candidate for admission:

(*a*) Feeble constitution, poor physique, impaired general health.

(*b*) Any disease or deformity, either congenital or acquired, which would impair efficiency, such as weak or deranged intellect, cutaneous disease, parasites of the skin or its appendages, deformity of the skull, abnormal curvature of the spine, torticollis, inefficiency of joints or limbs, deformity of joints or bones, either congenital or the result of disease or injury, epilepsy, or other convulsions, diseases of the eye, defective vision, color blindness, impaired hearing or disease of the ear, chronic nasal catarrh, ozena, polypi, great enlargement of the tonsils, impediment of speech, disease of heart or lungs, enlarged abdominal organs, evidence of sclerosis, tumors, hernia, undescended testicle, large varicocele, sarcocele, hydrocele, stricture, fistula, hemorrhoids, varicose veins, disease of the genito-urinary organs, diseased or deformed feet, evidences of intemperance or of the morbid use of drugs loss of many teeth or teeth generally unsound (teeth properly filled are not to be considered unsound).

(*c*) Any acute disease.

1962. For any corps the height must not be less than 5 feet 6 inches stripped.

Table of physical proportions for height, weight, and chest measurements.

Height.	Weight.	Chest (mean circumference).	Height.	Weight.	Chest (mean circumference).
Inches.	*Pounds.*	*Inches.*	*Inches.*	*Pounds.*	*Inches.*
66	132	33½	70	155	35½
67	134	34	71	162	36
68	141	34½	72	169	36¼
69	148	34¾	73	176	36¾

It is not necessary that the applicant should conform exactly to the figures in the foregoing table, which is given to show what is regarded as a fair standard of physical proportions. A variation not exceeding 15 pounds in weight or 1 inch in the mean chest measurement below the standard given in the table is admissible when the candidate is active, has firm muscles, and is evidently vigorous and healthy. A chest expansion of less than 2½ inches is a sufficient cause for rejection of the applicant.

1963. Color perception must be normal and acuteness of vision upon admission or appointment must be as follows:

For the Medical Corps, Dental Corps, civil engineers, and for chaplains, not less than 12/20 for each eye, unaided by glasses, and capable of correction by glasses to 20/20.

For line officers and the Pay Corps, not less than 15/20 for each eye, unaided by glasses, and capable of correction by glasses to 20/20.

For the Marine Corps, 18/20 for each eye, unaided by glasses, and capable of correction by glasses to 20/20.

1964. The hearing of the candidate must be normal (40/40 inches by watch and 15/15 feet by voice) for each ear. In the case of promotion of officers the nature of the duties of the candidate should be considered, but, as a rule, less than 7/15 hearing in either ear is a disqualifying defect.

1965. Candidates for appointment must be between the following ages:

Corps:	Years of age.
Acting ensign for engineering duty only	20 to 26
Flying Corps, acting ensign	[1] 18 to 24
Flying Corps, student flyer	[1] 17 to 21
Naval Reserve Force, assistant surgeon, for subsequent appointment as assistant surgeon, Medical Corps	[2] 21 to 32
Naval Reserve Force, assistant surgeon	21 to 44
Dental Corps, dental surgeon	24 to 30
Naval Reserve Force, assistant dental surgeon	21 to 44
Dental Reserve Corps, dental surgeon	22 to 45
Pay Corps, assistant paymaster	[3] 21 to 26
Chaplain	21 to 31½
Marine Corps, second lieutenant (enlisted candidates)	21 to 27
Marine Corps, second lieutenant (candidates from civil life)	20 to 25
Marine Corps, acting second lieutenant, for aeronautic duty only	[1] 18 to 24

1966. Medical officers are required by act of February 16, 1914, to conduct a physical examination of officers of the Naval Militia when mustered into service of the United States. (Gen. Ord. No. 150.)

SECTION 4.—LAWS RELATING TO THE PHYSICAL EXAMINATION OF CANDIDATES FOR ADMISSION INTO THE UNITED STATES NAVAL ACADEMY.

1971. Examination of candidates. Sec. 1515, R. S.
1972. Second recommendation. Sec. 1516, R. S.
1973. Qualifications. Sec. 1517, R. S.
1974. Ages of candidates after January 1, 1904. Act March 3, 1903, amending section 1517, R. S.

SECTION 5.—REGULATIONS GOVERNING THE ADMISSION OF CANDIDATES INTO THE NAVAL ACADEMY.

1981. Candidates are required to be of good moral character, physically sound, well formed, and of robust constitution.

Any one of the following conditions will be sufficient to cause the rejection of a candidate, viz:

(*a*) Feeble constitution, inherited or acquired.
(*b*) Retarded development.
(*c*) Impaired general health.
(*d*) Decided cachexia, diathesis, or predisposition; anemia, from malaria or from intestinal parasites, as hookworm.
(*e*) Any disease, deformity, or result of injury that would impair efficiency; such as—
(*ea*) Weak or disordered intellect.
(*eb*) Cutaneous or communicable disease.
(*ec*) Unnatural curvature of the spine, torticollis, or other deformity.
(*ed*) Inefficiency of either of the extremities or large articulations from any cause.
(*ef*) Epilepsy or other convulsions within five years.
(*f*) Impaired vision, disease of the organs of vision, imperfect color sense; *visual acuteness must be normal, i. e., 20/20 for each eye without the aid of glasses.* There shall be no deviation from this standard.

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[1] Additional physical qualifications are required of candidates for aeronautic duty (see par. 2113).
[2] The candidate must be under 32 years of age when he completes the course of instruction at the Naval Medical School, and is further examined to determine fitness for commission in the Medical Corps.
[3] This limitation as to age does not apply to chief pay clerks and pay clerks, appointed as such under the provisions of an act of Congress approved March 3, 1915, who must be between the ages of 21 and 35 years at the time of appointment as assistant paymaster.

(*g*) Impaired hearing or disease of either ear. The organs of hearing, both the conductive apparatus (outer and middle ear) and the percipient apparatus (internal ear), must be free from disease. In testing the hearing of the candidate, the voice, the ticking of a watch, and, if practicable, Politzer's acoumeter shall be employed.

The voice is a more reliable method of determining the acuteness of hearing than the ticking of an ordinary watch, as it allows for variations in hearing, with the modifications produced by changes in pitch and tone. Hearing in each ear must be normally acute to the spoken and whispered voice. In examining the acuteness of the hearing with the voice, one ear of the candidate should be closed while the other ear is being examined, and his eyes should be covered to prevent lip reading. The ticking of an ordinary watch should be heard a distance of 40 inches.

(*h*) Chronic nasal catarrh, ozena, polypi, or great enlargement of the tonsils.

(*i*) Impediment of speech to such an extent as to impair efficiency in the performance of duty.

(*k*) Disease of heart or lungs or decided indications of liability to cardiac or pulmonary affections.

(*l*) Hernia, complete or incomplete, and undescended testis.

(*m*) Varicocele, sarcocele, hydrocele, stricture, fistula, hemorrhoids, or varicose veins of lower limbs.

(*n*) Phimosis and diseases of the genito-urinary organs.

(*o*) Ingrowing nails, bunions, cross or hammer toes, flat feet, or other deformity of feet.

(*p*) Loss of many teeth, or teeth generally unsound. Marked overbite, or lack of occlusion of jaws. There should be at least eight opposing molars, two on each side in each jaw. All defective teeth should have permanent fillings. Much time can be saved by previous attention to this requirement.

1982. Attention will also be paid to the stature of the candidate, and no one *manifestly* under size for his age will be received at the academy. The height of candidates for admission shall not be less than 5 feet 2 inches between the ages of 16 and 18 years, and not less than 5 feet 4 inches between the ages of 18 and 20 years; and the minimum weight at 16 years of age shall be 111 pounds, with an increase of not less than 3 pounds for each additional year, or fraction of a year over one-half. Any *marked* deviation in the height and weight relative to the age of a candidate will add materially to the consideration for rejection.

1983. The decision of the medical board, especially ordered by the department for the examination of candidates for entrance to the Naval Academy, upon the physical qualifications for admission, will be final. (Department memo. to Bureau of Medicine and Surgery, May 27, 1904.)

1984. Medical officers are required to examine physically any candidate for the Naval Academy who may appear with a letter from a Member of Congress so requesting. Special attention will be given to the following defects or disabilities: Flat feet, defective vision or hearing, heart or lung trouble, and disease of the kidneys. The candidate should be informed of the result of the examination and a copy of the report of examination shall be forwarded to the Member of Congress concerned and a duplicate report to the Bureau of Navigation. Each examination report shall show the name of the Senator or Representative requesting the examination.

1985. Medical examiners should bear in mind that the primary object of this examination is to eliminate those who are obviously disqualified, rather than to give assurance to any candidates that they will subsequently pass the official examination. For example, candidates who appear with rapid heart action, without organic lesion, should be informed that unless such condition is temporary they will probably be rejected. Candidates having varicocele, hemorrhoids, varicose veins, or other minor surgical defects of remediable nature should be informed that they will probabily be rejected unless these defects are corrected by operation.

1986. In every border-line case wherein the examiner himself is uncertain as to the outcome candidates and Members of Congress should be clearly informed that the case is a doubtful one. (M. & S. No. 124767.) (Navy Department Circular Letter of Oct. 17, 1913.)

SECTION 6.—INSTRUCTIONS RELATING TO THE PHYSICAL EXAMINATION OF MIDSHIPMEN.

1991. In the examination of candidates for admission as midshipmen into the Naval Academy, medical officers shall be governed substantially by the instructions contained in the Navy regulations relating to the physical examination of recruits.

1992. A high standard of physical excellence is essential in the cases of all candidates presenting themselves for admission to the Naval Academy, and medical officers should always keep in view the fact that the future physical efficiency of officers of the Navy will depend largely upon the manner in which this important and exacting duty is performed by the board.

1993. A careful urinary analysis shall be made in the case of every candidate undergoing examination. The urine shall be tested qualitatively and (if deemed necessary) quantitatively for sugar and albumin. Where albumin exists in appreciable quantity a microscopic examination shall be made.

1997. Typhoid prophylactic shall be administered to all persons upon entry into the service. (I 3212.)

1998. No person shall be appointed or commissioned an officer in any rank in any class of the Naval Reserve Force, or promoted to a higher rank therein, unless he shall have been examined and recommended for such appointment, commission, or promotion by a board of three naval officers not below the rank of lieutenant commander, nor until he shall have been found physically qualified by a board of medical officers to perform the duties required in time of war, except that former officers and midshipmen of the Navy, who shall have enrolled in the Naval Reserve Force, may be appointed in the grade and rank held by them without examination other than the physical examination herein prescribed. (Gen. Ord. No. 237. See also par. 2107.)

CHAPTER 12.

PHYSICAL EXAMINATION FOR ENLISTMENT, SPECIAL DUTIES, NAVY-YARD SERVICE, AND UNDER COMPENSATION ACT.

SECTION 1.—ENLISTMENTS IN THE NAVY—LAWS RELATING TO ENLISTMENT.

2001. Enlistment of minors, deserters, insane, intoxicated, etc., prohibited. Secs. 1420, 1624 (19) R. S.; acts May 12, 1879, Feb. 23, 1881.

2002. Term of enlistment. Sec. 1573, R. S.; acts Mar. 3, 1899, Aug. 22, 1912.

2003. Term of enlistment, minors. Sec. 1418, R. S.; acts May 12, 1879, Feb. 23, 1881.

2004. Consent of parents and guardians required before enlistment of minors. Sec. 1419, R. S.; acts May 12, 1879, Feb. 23, 1881.

2005. Enlistments in the Marine Corps. Act Mar. 3, 1901.

2006. Physical examination of men of the Naval Militia upon muster into service of the United States. Act of Feb. 16, 1914.

SECTION 2.—NAVY REGULATIONS AND NAVAL INSTRUCTIONS RELATING TO PHYSICAL EXAMINATION FOR ENLISTMENT.

2011. Every person enlisted must pass physical examination prescribed in medical instructions I 3201–3212; R 3523 (1).

2012. Finger prints to be taken. R 3523 (2).

2013. Records to be made of persons enlisted with physical disability. R 3523 (3).

2014. Minors under 14 years of age, insane, and intoxicated not to be enlisted. R 3524 (2).

2015. Reenlistments authorized if physically qualified. R 3526.

2016. Continuous-service men disqualified. R 3528.

2017. Entries to be made in service record. R 3541; R 3542 (2).

2018. Marines enlisted must pass physical examination. R 4151 (2).

2019. Reenlistment of marines with disability. R 4151 (3).

2020. Disabilities to be entered on enlistment papers. R 4151 (4).

2021. Persons examined physically to be entered on card (rough Form). X). I 3201.

2022. Examination to be conducted by medical officer. I 3202.

2023. Examination to be completed and not terminated upon discovery of disqualification. I 3203.

2024. Medical officer who passes recruit subsequently surveyed to be held responsible. I 3204.

2025. Inspection and inquiry by medical officer. I 3205.

2026. Intelligence and detection of mental defects. I 3206.

2027. Age of applicant to be kept in mind. I 3207.

2028. Entries to be made in service and health records. I 3208.

2029. Defects waived by department. I 3209.

2030. Recruits to be reexamined on receiving ship. R 3511; I 3210.

2031. Recruits to be immediately vaccinated. I 3211 (1).
2032. No recruit to be transferred until vaccinated. I 3211 (2).
2033. Typhoid prophylaxis to be administered. I 3212.
2034. Examination of eyesight of gun pointers. I 2501 (3).
2035. Naval Reserve Force. R 4653 (b); I 5507 (b); I 5509; Gen. Ord. Nos. 231 and 237.

Section 3.—Circulars Relating to Enlistment.

2041. Circular relating to the physical examination of recruits for enlistment in the Navy and Marine Corps. (N. M. S. No. 112321-2.)
2042. Circular relating to the physical examination of applicants for enrollment in the United States Naval Reserve Force. (N. Nav. 369; N. M. S. 127644.)
2043. Circular relating to the physical examination of women for enrollment in the Naval Coast Defense Reserve. (N. Nav. 380. N. M. S. 127644.)

Section 4.—Physical Examination of Recruits for Enlistment in the Navy and Marine Corps.

2051. Whenever any person is examined physically for the Navy or Marine Corps, whether subsequently enlisted or rejected, his name and the particulars shall at once be entered on Form X (rough). This form shall be prepared for each applicant examined, whether accepted or rejected, for original entry or reenlistment, and will be kept for the purpose of preparing Form X. It shall be retained for ship or station files and shall be filed alphabetically, by calendar years according to the applicant's surname, in order that information may be furnished the bureau upon request.

Be careful to strike through with ink the term not applicable to the case.

Form X shall be prepared from the Form X (rough) kept for the purpose, and will be forwarded from receiving ships, Navy and Marine Corps recruiting stations, and marine recruit depots for the quarters ending March 31, June 30, September 30, and December 31; from other ships and naval stations or yards for the year ending December 31, or when a ship is placed out of commission or a recruiting or other station closed.

A copy shall be retained for ship or station files. If there have been "No applicants" the report shall be forwarded and this fact so stated in the blank spaces opposite "Navy" and "Marine Corps."

Central recruiting stations shall include in their report the substations and traveling parties coming under their jurisdiction.

Medical officers of ships, naval stations, or yards making examinations for ships or stations to which no medical officer is assigned shall include these items in their reports.

Civilian examiners at substations of the Marine Corps will prepare and forward Form X (rough) to the central stations.

2052. In case a waiver is requested, the action will be noted after the cause of rejection, and approval of waiver shall be entered in the service and health records. (R 3523 (3); I 3209.)

2053. Marine recruit depots shall distinguish between "Accepted applicants" transferred from recruiting stations to the depot and those applying originally at the depot by making the proper entry in the space provided on this form.

2054. Previous Army service shall *not* be considered a reenlistment. Previous Navy or Marine Corps service shall be considered a reenlistment in the Navy, and previous Marine Corps or naval service shall be considered a reenlistment in the Marine Corps, so far as it applies for use in the preparation of this form.

2055. The term of enlistment of all enlisted men of the Navy shall be four years, except minors over 17 and under 18 years of age, who shall be enlisted

for the period of minority. Minors under 17 can not enlist in the Navy. No enlistment for special service is allowed.

2056. No minor under the age of 18 years will be enlisted without the written consent of the parent who is his legal guardian; or, if both parents are dead, of a legally appointed guardian.

Minors under but claiming to be over 18 years of age are liable, if enlisted, to punishment for fraudulent enlistment under the act of Congress approved March 3, 1893.

2057. Only such persons shall be enlisted as can reasonably be expected to remain in the service, and when enlisted must serve out the term of their enlistment, and can not be discharged prior to that time, except for cause or as hereinafter provided.

2058. Every person before being enlisted must pass the physical examination prescribed in the medical instructions, and no person shall be enlisted for the naval service unless pronounced fit by the commanding and medical officers.

2059. No person other than a medical officer shall be permitted to conduct any part of a physical examination, to make any measurement, or to make any original entry on any medical record of enlistment.

2060. Every such examination must be completed according to the official forms and shall in no case be suspended on the recognition of a disqualifying defect.

2061. Medical officers on recruiting duty shall exercise great care and thoroughness in conducting the physical examination of persons presenting themselves for enlistment. While these instructions are applicable in general to all physical examinations, they are intended to cover more particularly the examinations of applicants presenting themselves for original enlistment. While permitted to use his own discretion as to the routine of procedure, the medical officer shall make inquiry on all points indicated below: After testing the vision, color perception, and hearing, and estimating the general fitness of the applicant, his height, weight, and chest measurements may be taken and recorded, the clothing having been removed. A general inspection and regional examination is then made, as follows:

(*a*) The applicant, entirely nude, is to stand before the examiner in a bright light and present successively front, rear, and sides. (Retarded development, deformity or asymmetry of body or limbs, knock-knees, bowlegs, or flat feet, especially in minors; spinal curvatures; feebleness of constitution; strumous or other cachexia; emaciation, obesity; cutaneous or other external disease; glandular swellings or other tumors; nodes; varicosities, cicatrices; indications of medical treatment, leech bites, blister stains, seton or scarification scars; and evidences of smallpox or successful vaccination, or the administration of salvarsan.)

(*b*) Applicant to present dorsal and palmar surfaces of both hands; to flex and extend every finger; to grasp with thumb and forefinger and with whole hand; to flex and extend, pronate and supinate wrists and forearms; to perform all the motions of shoulder joints, especially circumduction; to extend arms at right angles to body, and then bend elbow and touch the shoulders with the fingers; to elevate extended arms above the head, palm to palm, then dorsum to dorsum; to evert and invert the feet; to stand on tiptoe, coming down upon the heels quickly, and then lifting toes from floor; to flex each thigh alternately upon the abdomen; and, while standing on one leg, to hop; to perform all the motions of the hip joint; and to walk backward and forward slowly and at double-quick.

(*c*) Note effect of these violent exercises on the heart and lungs; observe movements of chest during prolonged inspiration and expiration; examine by percussion and auscultation front and rear. (Incipient tuberculosis, valvular disease.) Care should be taken to differentiate between organic murmurs and the functional varieties.

(*d*) With hands on the head and chin up, applicant to cough violently (relaxation of umbilical and inguinal regions; hernia; concealed venereal disease,

especially beneath prepuce and within urethra; varicocele; orchitis and other abnormal conditions of testes).

(*e*) Applicant to bend body forward, with knees stiffened, feet wide apart, hands touching the floor, and nates exposed to strong light (hemorrhoids; prolapsus, fistulæ). While the applicant is stooping make firm pressure on the spinous process of each vertebra (noting spinal tenderness).

(*f*) Motions of head, neck, and lower jaw.

(*g*) Cranium and scalp (malformations, depressions, cicatrices, tinea, vermin, etc.).

(*h*) Ears (polypi; otorrhea, perforation, dullness of hearing, and degeneration stigmata).

(*i*) Mastoid region for scars or tenderness.

(*j*) Eyes (absence of ciliæ, tarsal redness, obstructed puncta, corneal opacities, adhesions of iris, defective vision, abnormal conditions of conjunctivæ, trachoma, pterygium).

(*k*) Nose (polypi; ozena; chronic nasal catarrh).

(*l*) Mouth, teeth, tongue, fauces (hypertrophied tonsils; syphilitic affections, impediments of speech, lingual scars, cleft palate, and repulsive stigmata or scars of the face, grotesque tattooing, or the expression characteristic of adenoids).

2062. No educational standard has been officially established for recruits presenting themselves for enlistment in the naval service. The regulations require, however, that a candidate shall be able to read and write and that he should possess a reasonably quick and clear understanding. His general intelligence may be estimated by his manner of answering the questions addressed to him in obtaining the data required in the health record, and any impediments of speech noted.

2063. Section 1420 of the Revised Statutes forbids the enlistment in the naval service of any intoxicated person. The evident intention of the law was not only to prevent the admission into the service of men who at the time of presenting themselves for enlistment were under the influence of alcoholic stimulants or drugs, but of those also who were of intemperate habits. A thorough inquiry should be made into the history of any applicant in which habits of intemperance are suspected. Long indulgence in habits of intemperance will be indicated by persistent redness of the eyes, tremulousness of the hands, sluggishness of the intellect, satin-like texture of the skin of the body, an eruption upon the face, and purple blotches upon the legs. The morphine habitué is often emaciated, prematurely senile, with foul breath, contracted pupils, peculiar pallor, dry skin, and often showing multiple punctures of the skin from the needle. The habitual user of cocaine may be suspected when the applicant exhibits unusual buoyancy and mental overactivity accompanied by irrelevant volubility. Cocaine "snuffers" will usually show a characteristic hyperemia of the nasal mucous membrane. Medical officers should endeavor to eliminate the insane, vagrant, and criminal classes by a careful study of the personal characteristics of each applicant. Any doubt as to the mental stability of the applicant should determine a careful investigation directed toward his previous history.

2064. Certain defects which are frequently found associated with the physical condition in cases of reenlistment or continuous service are not necessarily causes of rejection. If deemed of sufficient importance to cause rejection, a waiver of the defects may be recommended, provided that such disabilities will not interfere with the performance of duty. Waiver is requested on "Report of rejection," procurable from Bureau of Navigation (Form No. 54). Physical infirmities incident to advanced years and long service should be carefully considered in these examinations, and especially in the case of reenlistment under continuous service. Slight physical defects in those applicants who have matured are of less importance than when occurring in minors.

Physical disqualifications of a minor nature of probably temporary duration readily amenable to medical or surgical treatment should not necessarily cause

rejection if the candidate is otherwise qualified and desirable. Application will be made to the bureau for the admission to hospital of such cases as supernumeraries for treatment of such duration as may be desirable, having in view the removal of disqualifying defects and the ultimate enlistment of a candidate who is in all other respects qualified. In stating the cause of rejection in such cases ambiguous terms should be avoided and the degree of visual and auditory defects should be given. (M. and S. No. 123734.)

2065. The examining surgeon shall consider carefully the physical adaptability of the applicant in relation to the character of the duties which he may be called upon to perform. Moderate height and compact built are requisite in the ratings of fireman. The duties pertaining to these ratings are extremely arduous, and applicants for such positions and candidates for transfer to these ratings must conform in every particular to the required physical standard. As a general rule, minors should not be recommended for the ratings of fireman.

2066. Slight physical defects in applicants who belong to the seafaring class, or in those who have had experience in military life, have less significance than they might otherwise have in the cases of recruits whose lives have been passed in occupations of a more confining and debilitating character. In the latter class of candidates the unusual and peculiar services that would necessarily be exacted of them might develop any weakness or constitutional physical traits that existed prior to enlistment.

2067. While it is not expected that candidates for special ratings should possess the physique and endurance of those actively engaged in strictly military duties, the examining surgeon should remember that all candidates examined for the several special ratings are enlisted for the performance of all duties pertaining to the naval service ashore and afloat.

2068. The examining surgeon should consider carefully the physiognomy of the candidate. Where the applicant's face is marked by great deformity, warts, or extensive birthmarks, he shall be considered undesirable for the service and shall be rejected.

2069. The examining surgeon shall exercise the greatest care in the examination of the candidate's feet. Pronounced flat foot, loss or deformity of the large toe, or of two of the smaller toes on one or both feet, partial ankylosis of the ankles, marked callosities or ingrowing toenails, and any other defects which in the opinion of the examining surgeon may interfere with marching or prolonged sentry or deck duty, shall be considered causes for rejection of the applicant.

2070. The absence of or the marked deformity of the right index finger or thumb shall cause the rejection of the applicant. The importance attached to the absence of or deformity of the left index finger or thumb will depend upon the adaptability of the applicant for his special rating, provided that he is otherwise physically sound.

2071. In determining the weight to be attached to slight degrees of varicocele, varicose veins, and hemorrhoids, the examining surgeon shall carefully consider the age, the general physique, and the rating of the applicant. All candidates with hydrocele shall be rejected, also all candidates with varicocele when accompanied by atrophy of the testes, pain, or an evident neurotic state.

2072. Marked enlargement in either testicle or the absence of both testicles shall cause the rejection of the applicant. Applicants whose clothing exhales the odor of urine, or who present any evidences of incontinence of urine, shall be rejected. Cases of epispadias and hypospadias shall be rejected.

2073. Every recruit must have at least 20 sound teeth, and of these not less than 4 opposed incisors and 4 opposed molars; but if otherwise qualified and desirable, a waiver may be requested in the case of a candidate not having 4 opposed incisors and 4 opposed molars.

2074. The examination for visual acuteness is of the utmost importance and shall be conducted by the medical officer with the greatest care and patience. An appreciable percentage of men are the subjects of slight visual defects, and in the cases of many of those presenting themselves for reenlistment and enlist-

ment these defects may not be sufficiently serious to disqualify them for the naval service. The ignorance, fear, or stupidity on the part of an applicant undergoing examination should be taken into consideration by the examining surgeon, and unless the examination is conducted with care and deliberation an applicant may be rejected whose vision is really good. Slight errors on the part of the applicant, such as misreading a P or T for an F, provided the majority of the letters or test characters are read with facility, need not be sufficient cause for rejection. The examination shall be conducted in a large well-lighted apartment, and the test cards shall be placed in a good light and on a level with the candidate's eyes. The applicant stands at a distance of 20 feet so that line of vision is at right angles to the test card, one eye being tested at a time, and the other covered by a card. Vision is to be expressed as a fraction, of which the numerator shall be the distance at which Snellen's 20-foot test can be determined, and the denominator 20. Normal vision (20/20) for each eye, tested separately, shall be required, but in candidates who are otherwise physically sound a minimum visual acuteness of 15/20 shall suffice. The existence of several minor defects, combined with a visual acuteness of 15/20 in each eye, shall cause the rejection of the applicant.

2075. Color perception is to be carefully determined. The usual examination is by Holmgren's method, which may be briefly described as follows: The worsteds are placed in a pile in the center of a white surface in good daylight. The large, light green test skein is placed aside upon the white cloth, and the person to be examined is directed to select the various shades of the same color from the pile and place them by the sides of the sample. The color-blind will make mistakes in the selection of the shades; or a hesitating manner with a disposition to take the wrong shades may show a feeble chromatic sense. The purple test skein is then used. If the test with the green skein has shown the person examined to be color-blind, and on the second or purple test he selects only the purple skeins, he is incompletely color-blind; but if he places with the purple shades of green or gray, he is completely green-blind. The red test skein need not necessarily be used, but it may be employed to confirm the diagnosis already made; for the red-blind will select, to match the red skein, shades of green or brown which to the normal sense seem darker than the red, while the green-blind will select the shades of green or brown which seem lighter.

2076. The organs of hearing, both the conducting apparatus (outer and middle ear) and the percipient apparatus (internal ear) must be free from disease. In testing the hearing of the applicant advantage should be taken of the absence of other sounds to make the examination. Medical officers should remember that the applicant may be totally deaf in one ear and yet may hear all ordinary conversation perfectly if the sound ear is not completely closed. Deafness may be caused by an accumulation of hardened wax, therefore an otherwise desirable recruit should have his ears well cleaned before final action is taken in his case. Hearing shall be expressed as a fraction, of which the numerator shall be the distance in inches at which the ticking of an ordinary watch can be heard, and the denominator 40. The examiner should previously standardize his watch by testing hearing of Hospital Corpsmen working with him whom he knows to have normal hearing. If the voice is used, hearing shall be expressed as a fraction, of which the numerator shall be the distance in feet at which the voice of the examiner can be heard and the denominator 15. Required normal hearing is therefore 15/15. The voice is a more reliable method of determining the acuteness of hearing than the watch test, as it allows for variations in hearing with the modifications produced by changes in pitch and tone and the voice can be raised if there are noises in the vicinity of the examining room. Complete deafness in either ear shall be considered a sufficient cause for rejection. Before completing the examination the medical officer shall satisfy himself of the patency of the eustachian tubes and the integrity of the tympanic membranes.

2077. The instructions noted under "Health record," chapter 13, sections 3–5, shall be strictly followed in entering data required on the health record, and

on descriptive list in service record, upon enlistment. (See also Form X, chap. 25, sec. 3.)

2078. In every case of rejection, the disability unfitting the applicant for service, and in other cases any abnormal condition, former grave illness, or serious injury not inconsistent with present bodily vigor shall be entered on Form X (rough).

2079. Recruits presenting themselves for enlistment in the naval service shall be rejected by the examining surgeon for any one of the following conditions:

General disqualifications—

(*a*) Mental infirmities: Insanity, idiocy, imbecility, dementia, feeble mindedness.

(*b*) Moral infirmities: Intemperance in the use of stimulants or narcotics, evidence of felony, masturbation, sodomy.

(*c*) Diseases of the cerebrospinal system: Epilepsy, chorea, all forms of paralysis, tabes dorsalis, neuralgia, stuttering or other impediment of speech.

(*d*) Constitutional diseases: Feebleness of constitution, poor physique, impaired general health (tuberculosis?) syphilis.

Special disqualifications—

(*e*) The skin: All chronic, contagious, and parasitic diseases of the skin, extensive nevi, deep and adherent cicatrices, chronic ulcers, vermin.

(*f*) The head: Abnormally large head; considerable deformities, the consequence of fracture; serious lesions of the skull, the consequence of complicated wounds or the operation of trephining; caries and exfoliation of the bone, injuries of cranial nerves, tinea capitis, alopecia, perforation or marked deviation of nasal septum, ozena, nasal polypi, chronic nasal catarrh.

(*g*) The spine: Caries, spina bifida, lumbar abscess, rickets, fracture and dislocation of the vertebræ, angular curvatures, including gibbosity of the anterior and posterior parts of the thorax.

(*h*) The ears: Deafness of one or both ears, all catarrhal and purulent forms of acute and chronic otitis media, polypi and other growths or diseases of the tympanum, labyrinth, or mastoid cells; perforation of the tympanum; closure of the auditory canal, partial or complete, except from acute abscess, furuncle, or impacted cerumen; malformation or loss of the external ear and all diseases thereof, except those which are slight and nonprogressive.

(*i*) The eye: Loss of eye, total loss of sight of either eye, conjunctival affections, including trachoma, entropion; opacities of the cornea, if covering a part of a moderately dilated pupil; pterygium, if extensive; strabismus, hydrophthalmia, exophthalmia, conical cornea, cataract, loss of crystalline lens, diseases of the lachrymal apparatus, ectropion, ptosis, incessant spasmodic motion of the lids, adhesion of the lids, large encysted tumors, abscess of the orbit, muscular asthenopia, nystagmus. Any affection of the globe of the eye or its contents; defective vision, including anomalies of accommodation and refraction; myopia, hypermetropia, if accompanied by asthenopia, astigmatism, amblyopia, glaucoma, diplopia, color blindness.

(*j*) The face: Extensive nevi, unsightly hairy spots, extensive cicatrices on the face.

(*k*) The mouth and fauces: Harelip, simple, double, or complicated; loss of the whole or a considerable part of either lip; unsightly mutilation of the lips from wounds, burns, or disease; loss of the whole or part of either maxilla, ununited fractures, ankylosis, deformities of either jaw interfering with mastication or speech, loss of certain teeth, cancerous or erectile tumors, hypertrophy or atrophy of the tongue, mutilation of the tongue, adhesion of the tongue to any parts, preventing its free motion; malignant diseases of the tongue; chronic ulcerations, fissures or perforations of the hard palate, salivary or bucconasal and thyroglossal fistulæ, hypertrophy of the tonsils sufficient to interfere with respiration or phonation. Every recruit must have 20 sound teeth, including 4 opposable molars and incisors.

(*l*) The neck: Goiter, scrofulous adenitis of the cervical glands, tracheal openings, thyroglossal or cervical fistulæ, wry neck, chronic laryngitis, or any other disease of the larynx which would produce aphonia, stricture of the esophagus.

(*m*) The chest: Malformation of the chest, or badly united fractures of ribs or sternum sufficient to interfere with respiration; caries or necrosis of ribs, deficient expansive mobility, evident predisposition to tuberculosis, chronic pneumonia, emphysema, chronic pleurisy, pleural effusions, chronic bronchitis, asthma, organic disease of the heart or large arteries, serious protracted functional derangement of the heart or distinct predisposition to diseases of heart or lungs.

(*n*) The abdomen: All chronic inflammations of the gastrointestinal tract, including diarrhea and dysentery; diseases of the liver or spleen, including those caused by malarial poisoning, ascites, obesity, dyspepsia, if confirmed; hemorrhoids, prolapsus ani, fistula in ano, considerable fissures of the anus, hernia in all situations, tumors.

(*o*) Genito-urinary organs: Any acute affection of the genital organs, including gonorrhea, syphilis, and venereal sores; loss of the penis, phimosis, if complete, stricture of the urethra, loss of both testicles, undescended testicle or permanent retraction of one or both testicles, chronic disease of the testicle or epididymitis, hydrocele of the tunic and cord unless the hydrocele of the cord is small and inconsequent, atrophy of the testicle, marked varicocele, malformations of the genitalia, epispadias, hypospadias, but a slight degree of hypospadias not preventing the normal passage of urine may not cause rejection; incontinence or retention of urine, urinary fistulæ, enlargement of the prostate, calculus, cystitis, and all organic diseases of the kidney.

(*p*) Affections common to both the upper and lower extremities: Chronic rheumatism, chronic diseases of joints or movable cartilage, acquired or congenital deformities, such as old or irreducible dislocations or false joints, severe sprains, relaxation of the ligaments or capsules of joints, dislocations, fistulæ connected with joints or any part of bones, effusions into joints, badly united or nonunited fractures, defective or excessive curvature of the long bones, rickets, caries, necrosis, exostoses, atrophy or paralysis of a limb; extensive, deep, or adherent cicatrices, especially of burns, contraction or permanent retraction of a limb or portion thereof, loss of a limb or portion thereof.

(*q*) The upper extremities: Acquired or congenital deformities, such as fracture of the clavicle, fracture of the radius and ulna, webbed fingers, permanent flexion or extension of one or more fingers, as well as irremediable loss of motion of these parts; mutilation or loss of right thumb, total loss of the index finger of the right hand, loss of the second and third phalanges of all fingers of either hand, total loss of any two fingers of the same hand.

(*r*) The lower extremities: Acquired or congenital deformities, such as varicose veins, knock-knees, clubfeet, flat feet, webbed toes, the bad toes double or branching, the great toe crossing the other toes, hammer toe, bunions, larger corns, overriding or superposition of any of the toes to an extreme degree, loss of a great toe, loss of any two toes of the same foot, permanent retraction of the last phalanx of any of the toes, or flexion at a right angle of the first phalanx of a toe upon the second, with ankylosis of the articulation; ingrowing of the nail of the great toe, bromidrosis, chronic ulcers.

2080. Any acute disease disqualifies.

2081. (*a*) Each recruit shall be required to take the oath of allegiance, and further state that the statement he makes regarding his date of birth and previous naval or other military service is correct, and that he is physically qualified to perform the duties of his prospective rating. The examining surgeon certifies on the shipping articles as follows: "I certify that I have carefully examined, agreeably to the Regulations of the Navy, the above-named recruit, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would in any way disqualify him from performing the duties

of his rating, and that he has stated to me that he has no disease concealed or likely to be inherited."

(*b*) (1) On account of insufficient or inaccurate information in reports of rejection as to physical defects of applicants for enlistment, the bureau is frequently unable to determine whether such defects should be waived, and such reports are often returned for further information before recommendation can be made.

(2) When a defect is curable by minor operation the medical examiner should so state, and also whether the applicant agrees to operation if necessary.

(3) In reporting rejections for any of the following defects the bureau desires that the information as noted below be given:

(4) *Flat foot.*—Give degree of flatness, stating accurately the distance between the tubercle of the scaphoid and the line from the lower border of the internal malleolus to the lower tubercle on the head of the first metatarsal. The measurement should be taken standing with the weight of the body on that foot and when the foot is at a right angle to the leg and the second toe is on a line with the crest of the tibia. The size of the shoe should also be given. The width of the ball of the foot should be given and any tendency to talipes valgus noted.

(5) *Bunions,* hammer toes, corns, and ingrowing toe nails should be described accurately as to location, degree, etc.

(6) *Varicocele.*—State size and indicate by small, medium, or large.

(7) *Varicose veins.*—State location, extent, and size, and indicate by small, medium, or large.

(8) *Hemorrhoids.*—State character and size and indicate by small, medium, or large.

(9) *Hydrocele.*—State size and indicate by small, medium, or large.

(10) *Hernia.*—State location, size, and whether incipient, incomplete, or complete. Relaxed rings only are not cause for rejection unless abdominal walls are weak or there is a decided impulse on coughing.

(11) *Deformities.*—State location, character, degree, and amount of interference with motion.

(12) *Contractures.*—State location, degree, and amount of interference with motion.

(13) *Stiff joint.*—State location, degree of flexion and extension obtainable and the strength of the part.

(14) *Defective hearing.*—State degree, giving distance by watch, by the whispered and spoken voice, stating whether he can readily hear ordinary conversation. State condition of the external canals and drums.

(15) *Defective vision.*—State defect accurately, whether due to refractive error or other disease; when practicable, giving correction by lenses.

(16) *Missing or defective teeth.*—State in detail those missing or unerupted and those defective, using diagram for that purpose. Also state whether teeth will admit of proper repair.

(17) *Deficient height or weight.*—Always state age, height, and weight.

(18) *Tachycardia.*—State cause, character, and duration, giving time during examination for applicant to recover from excitement or overexertion.

(19) *Spinal curvature.*—State location, character, and degree.

(20) *Atrophy or hypertrophy of testicle.*—State degree and cause.

2082. *(a)—Table of physical proportions for height, weight, and chest measurement of adults.*

[Bureau of Navigation Circular relating to the enlistment of men, July 20, 1912.]

Height.	Weight.	Chest (mean circumference).
Inches.	*Pounds.*	*Inches.*
64	128	33
65	130	33
66	132	33½
67	134	34
68	141	34½
69	148	34¾
70	155	35¼
71	162	36
72	169	36¼
73	176	36¾

(b)—Table of physical proportions for enlistment of Filipinos.

Age.	Height.	Weight.	Chest measurement (mean).	Expansion.
18 to 19	61	105	30½	2
20 to 21	62	108	31	2¼
22 and over	62½	110	31½	2½

2083. The minimum height for acceptance of a man 21 years old or over is 64 inches barefooted. A variation not exceeding 1 inch is permissible if the applicant is in good health and desirable as a recruit. The minimum weight for acceptance of a man 21 years old is 128 pounds. A variation of 10 pounds, not to fall below 128 pounds in weight or 2 inches in chest measurement below the standard given in the table, is admissible when the applicant for enlistment is active, has firm muscles, and is evidently vigorous and healthy, except for enlistment in the rate of fireman third class, for which rate full standard measurements will be required. A chest expansion of less than 2 inches in a minor, or less than 2½ inches in an adult, is a sufficient cause for rejection of an applicant. The table is given to show what is regarded as a fair standard of physical proportions and not as an absolute guide to be followed in deciding upon the acceptance of recruits.

2084. A minor enlisting as apprentice seaman must conform to the standards noted in the following table, which is also applicable to apprentice musicians, United States Marine Corps, and to midshipmen. (Circular of July 20. 1912.)

	Minimum height.	Minimum weight.	Chest expansion.
	Inches.	*Pounds.*	*Inches.*
At 17 years of age	62	110	2
At 18 years of age	64	115	2
At 19 years of age	64	120	2
At 20 years of age	64	125	2

(If the age is 6 months in excess of a full year the requirements are those of the age at the next birthday.)

(No underweight or underheight is allowed in minors.

2085. Marked disproportion of weight over height is not a cause for rejection unless the applicant is positively obese.

2086. (*a*) Recruits shall be vaccinated within 24 hours after their arrival on a receiving ship or at a barracks. In case of failure the operation shall be repeated in eight days. If the second vaccination is not successful it shall be repeated at the first opportunity with a vaccine of assured potency. The only acceptable evidence of successful vaccination is a *pitted* scar following vaccination. Results of vaccination shall be recorded on the health record and reported on the quarterly report of sick.

(*b*) No recruit in the Navy or Marine Corps shall be transferred from a training station, receiving ship, barracks, or other rendezvous until the medical officer is satisfied that the man is protected against smallpox.

(*c*) Every enlisted man of the Navy or Marine Corps shall be vaccinated upon reenlisting, or extending enlistment, unless (a) he has two *pitted* vaccination scars, or (b) shows evidence of a previous attack of smallpox.

(*d*) Every officer should be vaccinated upon appointment immediately upon reporting at his first station for duty, and the fact entered on his health record. Revaccination should be performed at least once in every seven years thereafter unless he has two *pitted* vaccination scars, or evidence of a previous attack of smallpox. The responsibility for revaccination shall rest upon the medical officer making the annual physical examination required by I 709 (5). If it is impracticable for this medical officer to perform the vaccination, he shall notify the proper medical officer, through official channels, so that it may be carried out. The medical officer who performs the vaccination shall note the result of the vaccination on the officer's health record. (I 3211.)

(*e*) If possible, all members of the Naval Reserve Force should be vaccinated when enrolled; if this is not practicable, immediately after reporting for active duty.

2087. (*a*) Typhoid prophylactic shall be administered to all persons upon their first entry into the Navy or Marine Corps.

(*b*) It shall be administered to each enlisted man upon each subsequent enlistment, or extension of enlistment, who is under 45 years of age, or who has not had a well-defined case of typhoid fever. The medical officer making the physical examination at the time of reenlistment shall start the administration, if practicable; if not, he shall notify the proper medical officer, through official channels, so that the administration may be completed.

(*c*) The administration of typhoid prophylaxis should be repeated after a period of four years for all persons in the Navy or Marine Corps who are under 45 years of age, or who have not had a well-defined case of typhoid fever, and the medical officer making the annual physical examination required by Article I 709 (5) shall be responsible for its administration. If it is impracticable for him to give the prophylactic, he shall notify the proper medical officer, through official channels, so that it may be given.

(*d*) The only acceptable evidence of administration of the prophylactic shall be the entry on the health record, signed by the medical officer. (I 3212.) The entry should be in red ink.

(*e*) Typhoid prophylactic should be administered when a newly enrolled member of the Naval Reserve Force first reports for active duty.

2088. Medical officers are required by act of February 16, 1914, to conduct a physical examination of men of the Naval Militia when mustered into service of the United States. The physical requirements are those prescribed for the regular service, except that in the case of officers the minimum height is 5 feet 4 inches. Any requirements in addition to these may be made by the States. (Gen. Ord. No. 150.) (See par. 2297.)

2089. When available, medical officers will make such examinations of members of the Naval Auxiliary Service as are prescribed in the regulations for that service.

SECTION 5.—NAVY REGULATIONS AND NAVAL INSTRUCTIONS RELATING TO IDENTIFICATION RECORDS AND FINGER PRINTS.

2091. Finger prints sent to Bureau of Navigation. R 3523 (2).

2092. Reports. I 5221 (18, 20); I 5249 (6); I 5261 (7).

2093. An identification record, consisting of finger prints and personal description, is to be made and forwarded to the Bureau of Navigation in the case of every man enlisting in the Navy, and to the Major General Commandant in the case of marines.

2094. Finger prints and identification records are not required upon reenlistment, or upon discharge for undesirability.

2095. The form adopted for recording the finger prints and personal description (Form No. 2, Bureau of Navigation) (in the case of marines, Form N. M. C. 330), (I 5249 (6); I 5261 (7)), will carry the finger-print record on one side and the personal description on the other. In addition, and until further notice, the descriptive list called for on the service record (Form No. 1, Bureau of Navigation) will be filled out as at present.

2096. Instructions for the guidance of those concerned in making and forwarding "Identification records":

The apparatus for taking finger prints consists of a form holder, an ink plate, and a roller for spreading the ink on the plate.

Keep the roller and ink plate clean and free from dust, grit, or hairs, and the ink tube closed when not in use. When the day's work is finished clean the ink from the plate and roller by means of a cloth and benzine. When not using the roller, rub it with a little sweet oil or lubricating oil before laying it away, to prevent the composition from becoming too hard.

Preparatory to taking finger prints squeeze a *small quantity of ink* from the tube and carefully work it, by use of the roller, into a thin film on the plate, the spreading of which may be facilitated by frequently turning over the roller. *If too much ink is used, the impression will be blurred and consequently unsatisfactory.* The thickness of the ink after being spread on the plate should be less than one-half the elevation of the ridges, and this can be tested by taking impressions.

The recruit should wash his hands thoroughly with soap and brush, using, if practicable, running water, especial care then being taken to rinse off all soap or lather with cold water. Failure to do this will cause white blotches to appear in the impressions. Immediately before placing the fingers on the inked plate the fingers should be well wiped with a cloth dampened with benzine or ether, which should remove all trace of grease, water, or perspiration.

Two kinds of impressions are used, "plain" and "rolled." A plain impression is obtained by pressing the bulb of the finger, with the plane of the nail parallel to the plane of the plate, on the inked plate and then on the paper in the same manner. A rolled impression is obtained by placing the side of the finger on the inked plate, with the plane of the nail at right angles to the plane of the plate, and rolling the finger over from one side to the other until the plane of the nail is again at right angles to the plane of the plate, but with the bulb surface of the finger facing in the opposite direction, thus inking the surface of the finger, and then rolling the finger over the paper in the same manner, in this way obtaining a clear impression of the ridges on the surface of the finger. This latter impression should include both the palmar surface and the sides of the finger between the tip and the flexure of the last joint. Always roll the fingers from the awkward position to the natural position. (Figs. 13, 14, 15.)

It is absolutely necessary that the finger prints shall be clear, that the ridges shall be distinctly outlined, and that the "rolled" impressions shall be sufficiently large to include all the points needed for accurate classification, and free from blur. Black impressions are better than light ones if the spaces between the ridges are free from blur.

When the skin of the fingers is in poor condition, make special effort to get best results.

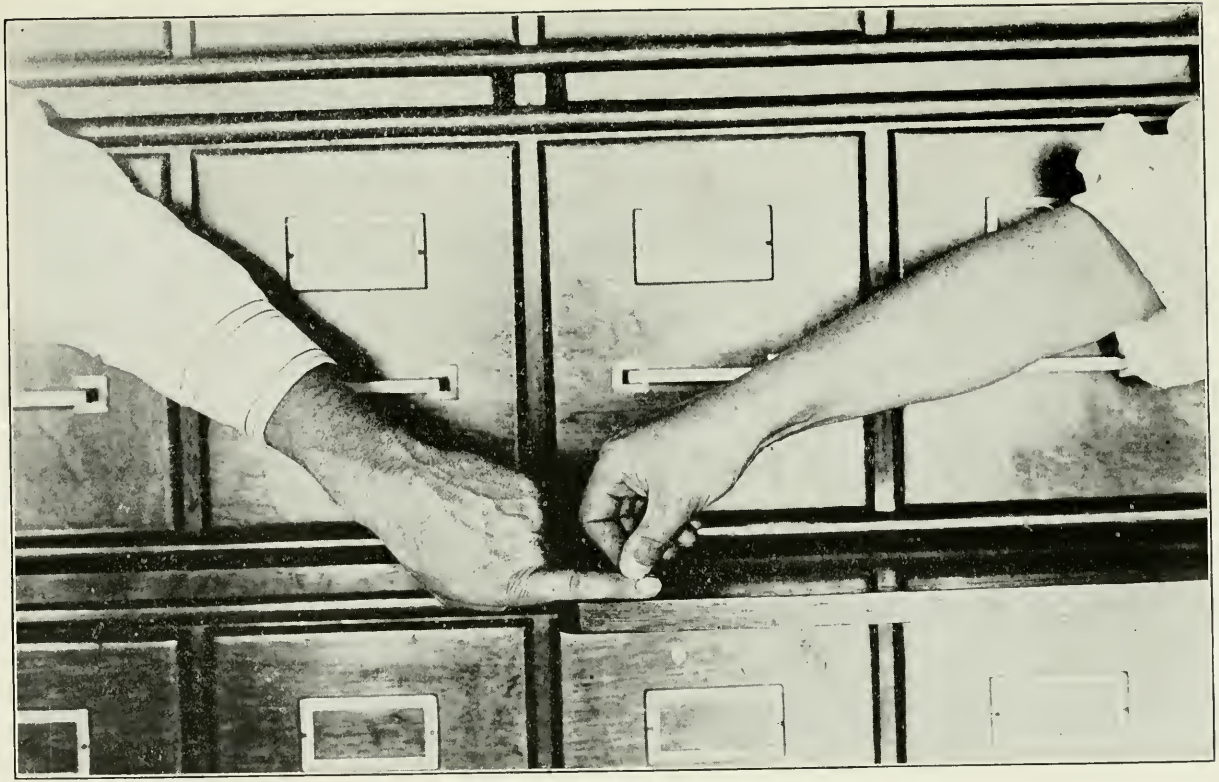


Fig. 13.—Beginning a rolled impression.

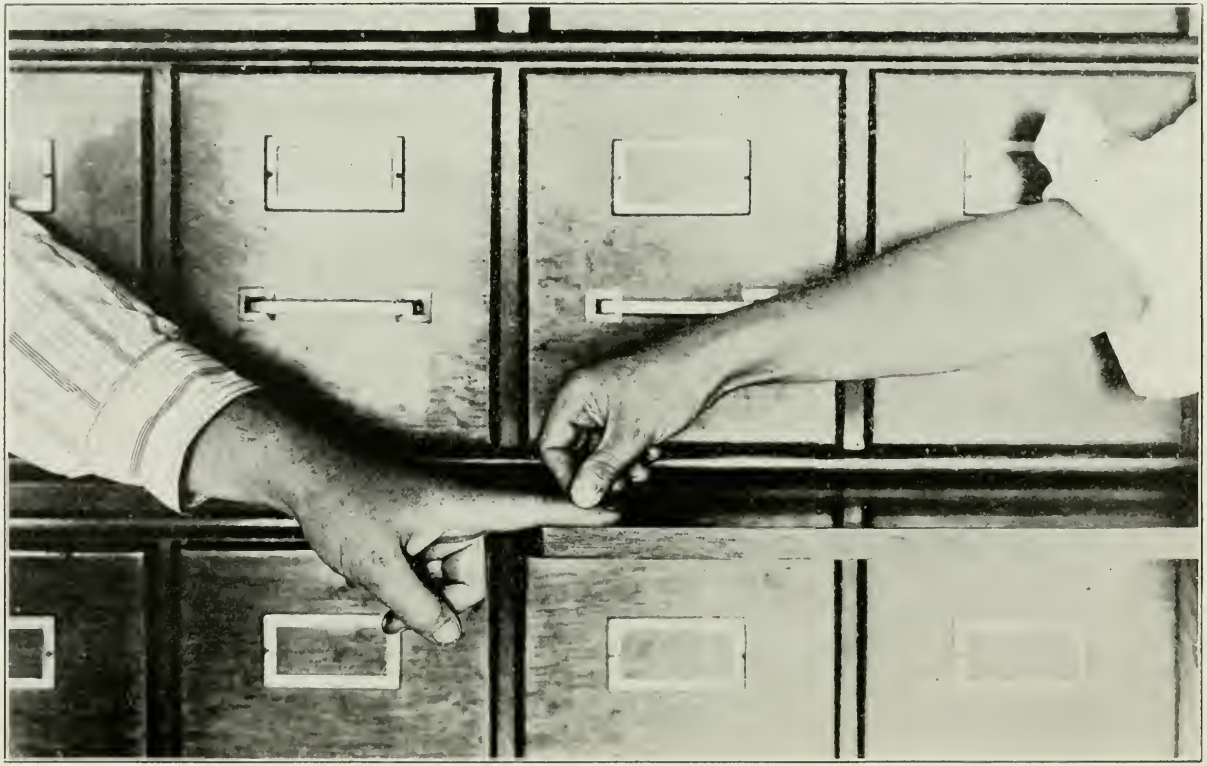


FIG. 14.—Rolled impression half completed.

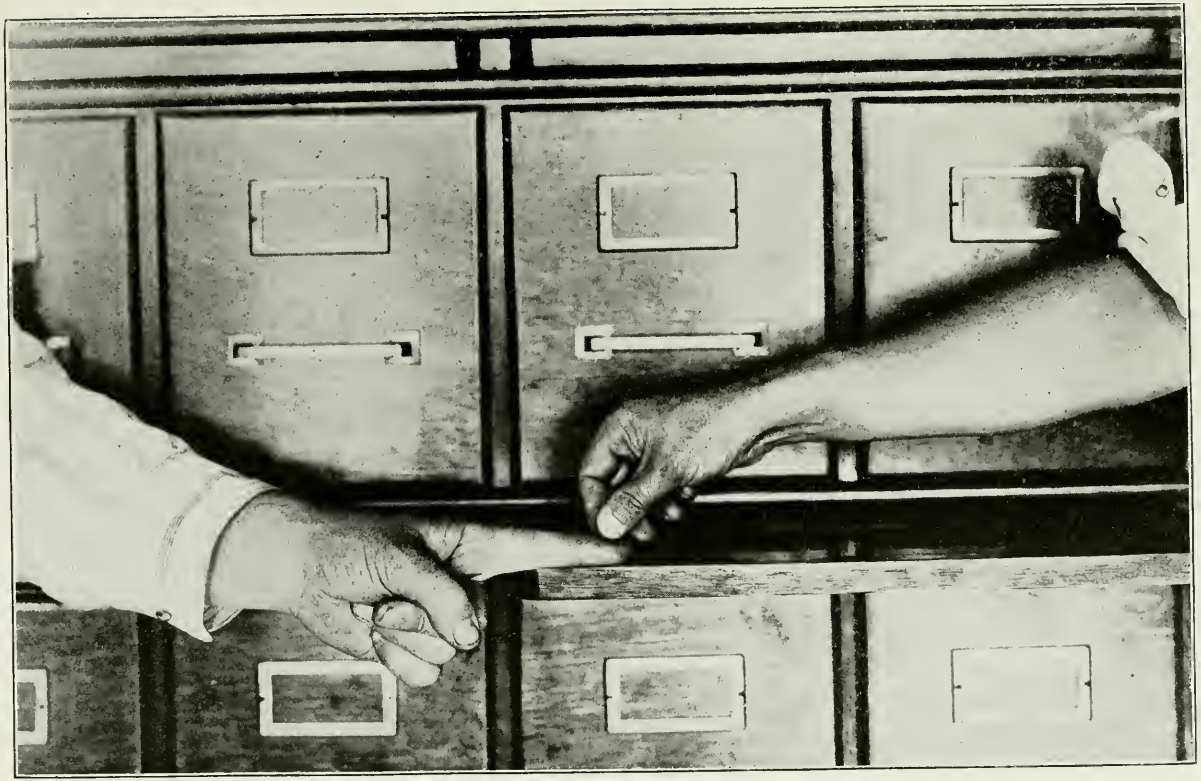


Fig. 15.—End of rolled impression.

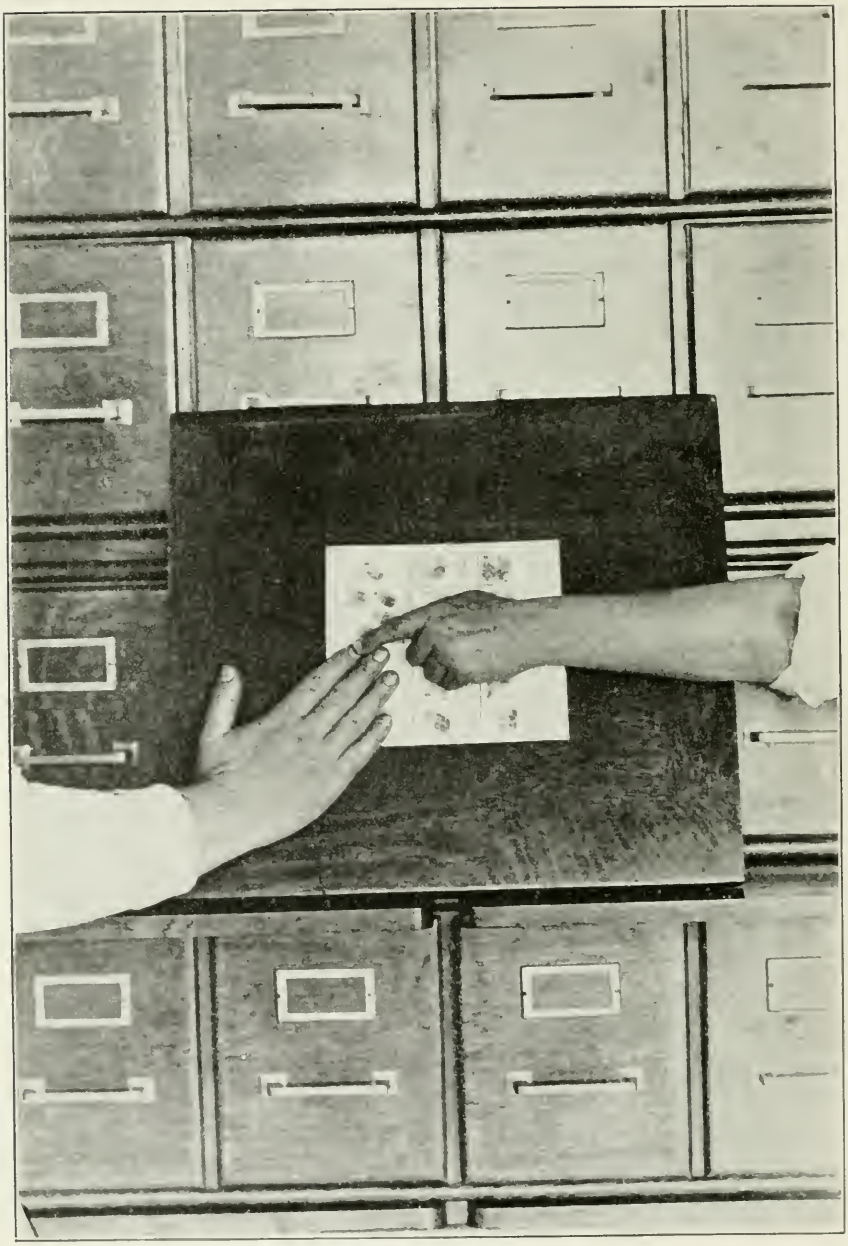


FIG. 16.—Making plain impression of fingers.

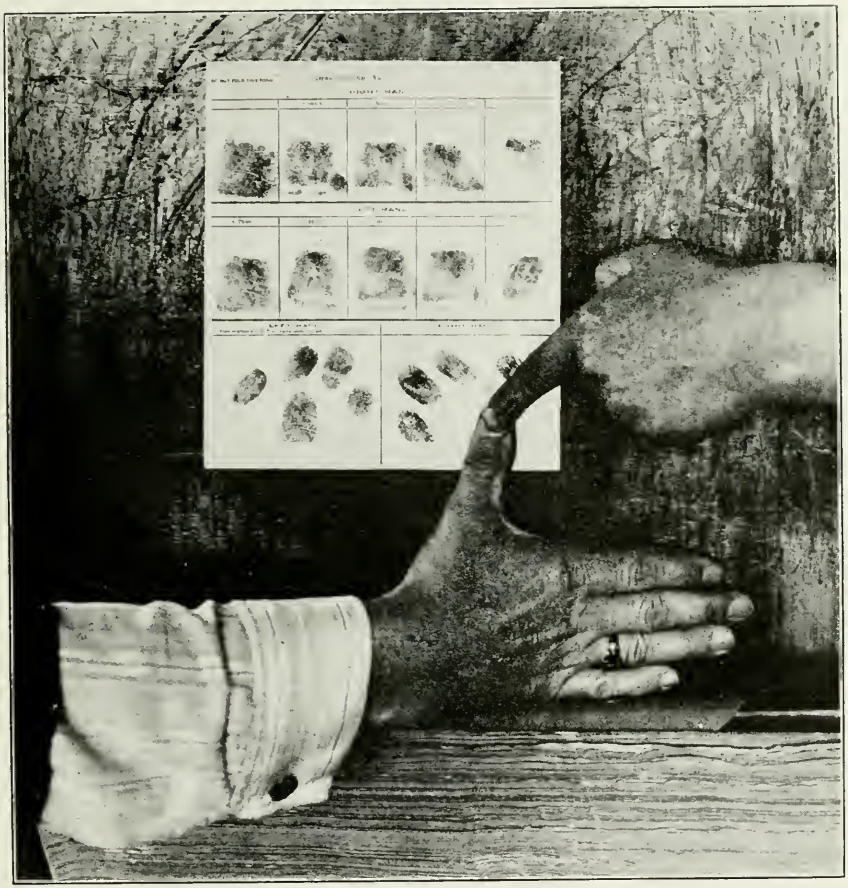


FIG. 17.—Making plain impression of thumb.

Entire palmar surface of first joint should be inked so that whole contour of pattern will be shown when finger is rolled.

Recruit should first be required to sign his name, and then to roll the impression of the right index finger in the space above his signature. This will eliminate entirely the possibility of the recruit signing other than his own identification record. Have only one recruit at a time present in the room where prints are being made, and complete and file each record before the next man enters or is taken up. In this way no other record than the one in question is available or within reach of the recruit being recorded, therefore he can sign no record but his own. Do not allow records to lie around, but file or otherwise dispose of them at once after completing examination.

In taking impressions, the operator himself should manipulate the hands of the recruit, who should be directed to relax his fingers and not to attempt to assist by adding to the pressure on the inked plate or on the paper. In order that the ink may be taken up on the finger evenly and in sufficient quantity, an unused part of the plate should be selected each time for inking the finger, and when no unused part of the plate remains the ink should be redistributed with the roller or the plate reinked. See that there are no clots of ink where the fingers are to be rolled on the plate.

The form holder, which is intended to prevent the form from moving about and blurring the print while impressions are being taken, will be used. The best results will be obtained with a table that places the form holder at about the height of the elbow of the recruit when he is standing with his arms hanging at his sides. To place a form in the holder, press out the plate by means of the levers at the ends, place the form in position under the plate, and push back the levers to their original position. The pressure of the springs on the plate will hold the form firmly in position.

To record the finger prints on Bureau of Navigation Form No. 2 and United States Marine Corps Form N. M. C. 330, place one of the blank forms in the holder with the upper heavy black line appearing just above the upper edge of the plate; then take the rolled impressions, in the order named and in proper spaces on the form, of the thumb, index, middle, ring, and little fingers of the right hand, the impressions to be located on the form so that the flexure of the last joint is immediately above the folding line. This will leave room for a second print to be taken in the upper part of the space in case the first print is defective.

After the impressions of the fingers of the right hand have been taken, move the form in the holder until the lower heavy black line appears just above the edge of the plate; then take the rolled impressions of the fingers of the left hand in the proper spaces on the form.

After the rolled impression of each finger of both hands has been obtained, again move up the form in the holder until the plate covers only enough of the lower edge of the form (not exceeding one-fourth inch) to hold it in place. Then take a plain impression of the four fingers of the right hand at one time, the fingers being held together so as to bring the prints within the allotted space, and a similar plain impression of the fingers of the left hand. Below the finger impressions take a plain impression of each thumb.

The method of obtaining the plain impressions is to take each of the fingers in turn and place the *bulbs only* on the inked plate. When this is done, press the recruit's fingers together, and with his hand limp and flat (not bowed or arched) place it in the space shown on the form and press each finger lightly at the base of the nail. No attention need be paid to the deltas in the plain simultaneous impressions, but the detail must be clearly defined. These impressions are used to determine if the rolled impressions are in their proper sequence. (Figs. 16 and 17.)

A finger should not be noted missing if any portion of it beyond the flexure of the terminal joint remains. The end of a mutilated finger should in all cases be inked and recorded as in the case of a perfect digit.

Figure 1 shows impressions improperly taken. This record is so blurred that it is impossible to classify the impressions, and consequently is of no value.

No amount of pressure by the operator should be used in making or inking rolled impressions. It is the pressure that causes the ink to more readily run in between the ridges. The finger tips should be allowed to touch the paper only with sufficient pressure to make a record.

Figure 2 represents the only standard which is satisfactory, and it is desired that no record be forwarded which is not up to the standard.

The utmost care should be taken in recording the impressions of the little fingers. From these fingers a subclassification number is obtained.

When the finger-print side of the form has been completed, the impressions will be inspected to make sure that they are clear and free from blur; that all deltas are shown in the rolled impressions, and that the whole contour of the pattern is shown. The rolled impressions will also be compared with the plain impressions for the purpose of ascertaining whether they are recorded in proper sequence. Any defective impressions will then be remedied by taking another print in the upper part of the proper space or by using a new form, if necessary. If the impressions are not recorded in proper sequence, a new form must be used, the old one being destroyed.

After the finger prints have been taken and examined, the opposite side of the form will be filled out and the personal description completed by noting on the outline figures the principle identification marks.

Before making the entries on the personal description side of the blank, allow the ink on the finger-print side to become sufficiently dry to prevent blurring by rubbing. A few minutes will be sufficient if the form is handled carefully and not rubbed about on the desk while the personal description is being entered. A sheet of blotting paper placed under the form will protect it to some extent. If an impression becomes blurred at any time, a new impression must be taken in the upper part of the proper space, or, if necessary, the imperfect form should be destroyed and a new blank used.

A delta may be formed by the bifurcation of a single ridge or by the abrupt divergence of two ridges that hitherto had run side by side, thus:

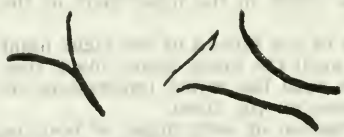


Fig. 3.

The core of a loop may consist of an even or uneven number of ridges, not joined together, thus:

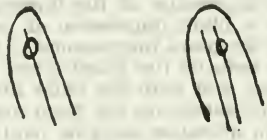


Fig. 4.

Arches.—In arches the ridges run from one side to the other, making no backward turn. Arches have no deltas. (Fig. 5.)

Tented arches.—In patterns of the arch type the ridges near the middle may have an upward thrust, arranging themselves, as it were, on both sides of a spine or axis, toward which adjoining ridges converge. The ridges thus converging give to the pattern the appearance of a tent in outline, hence the name tented arch. Tented arches have no deltas. (Fig. 6.)

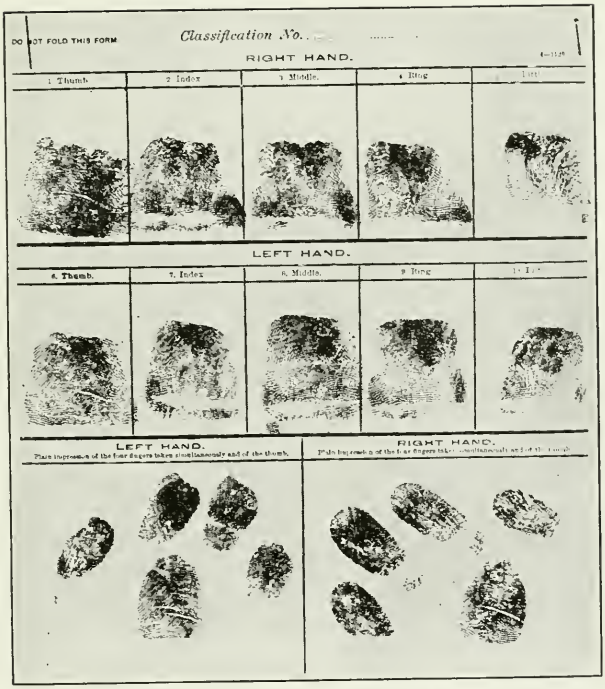


FIG. 1.—Imperfect record. Useless for classification.

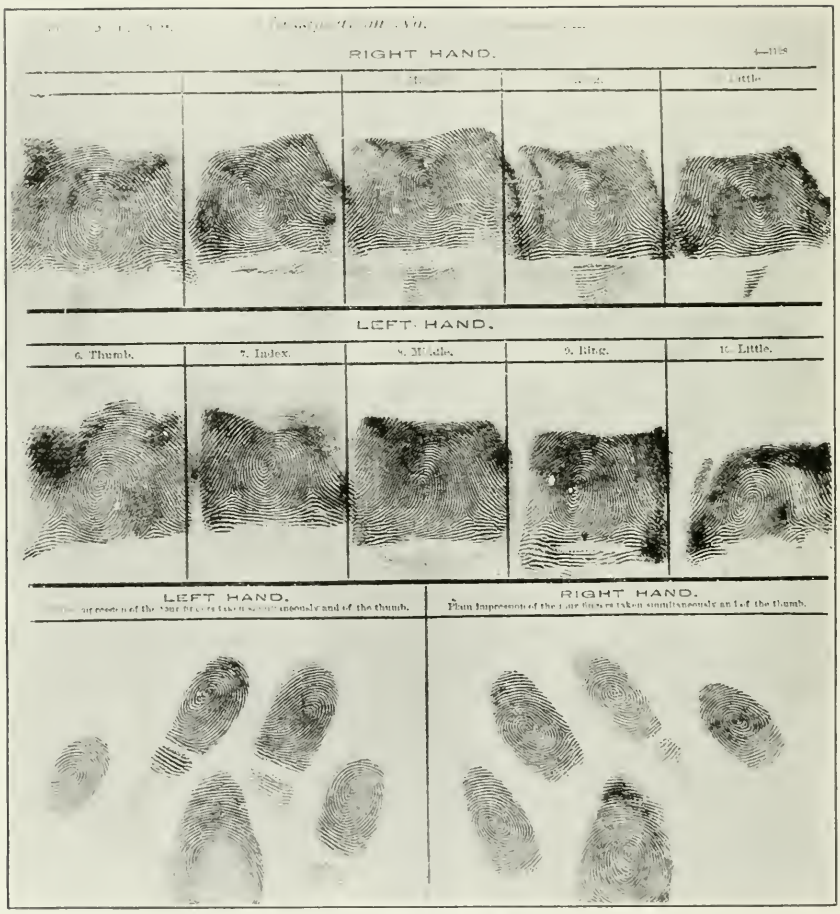


FIG. 2.—Properly made record.

FIG. 5.—Arch.

FIG. 6.—Tented arch.

FIG. 7.—Radial loop, right hand, or ulnar loop, left hand.

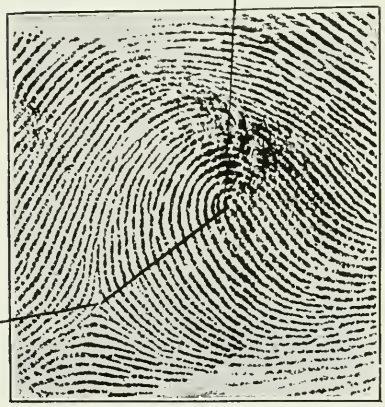


FIG. 8.—Ulnar loop, right hand, or radial loop, left hand.

FIG. 9.—Whorl. (2 deltas.)

FIG. 10.—Composite. (2 deltas.)

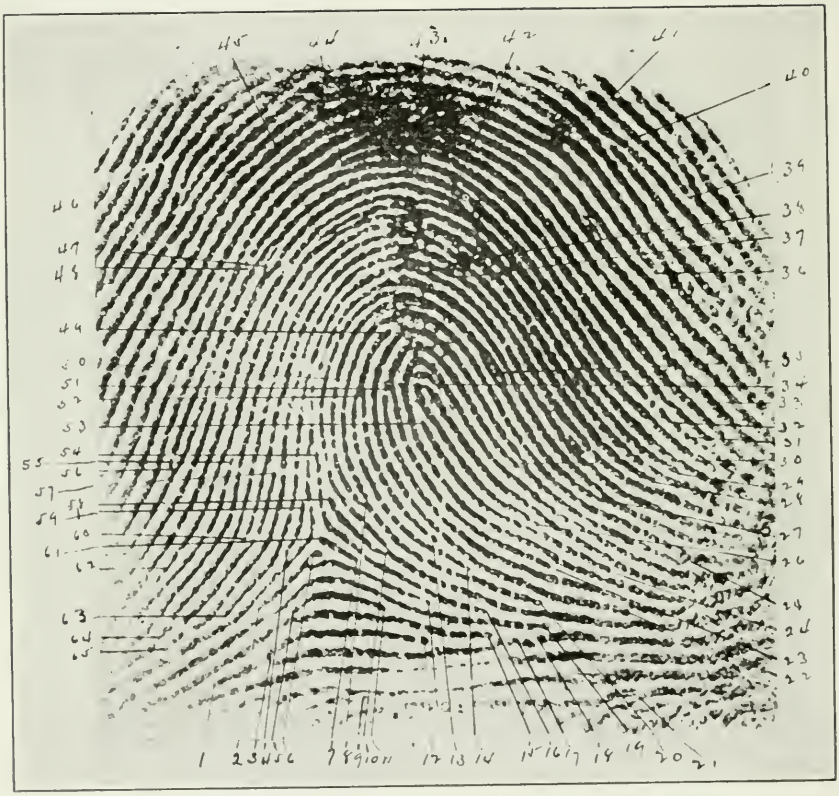
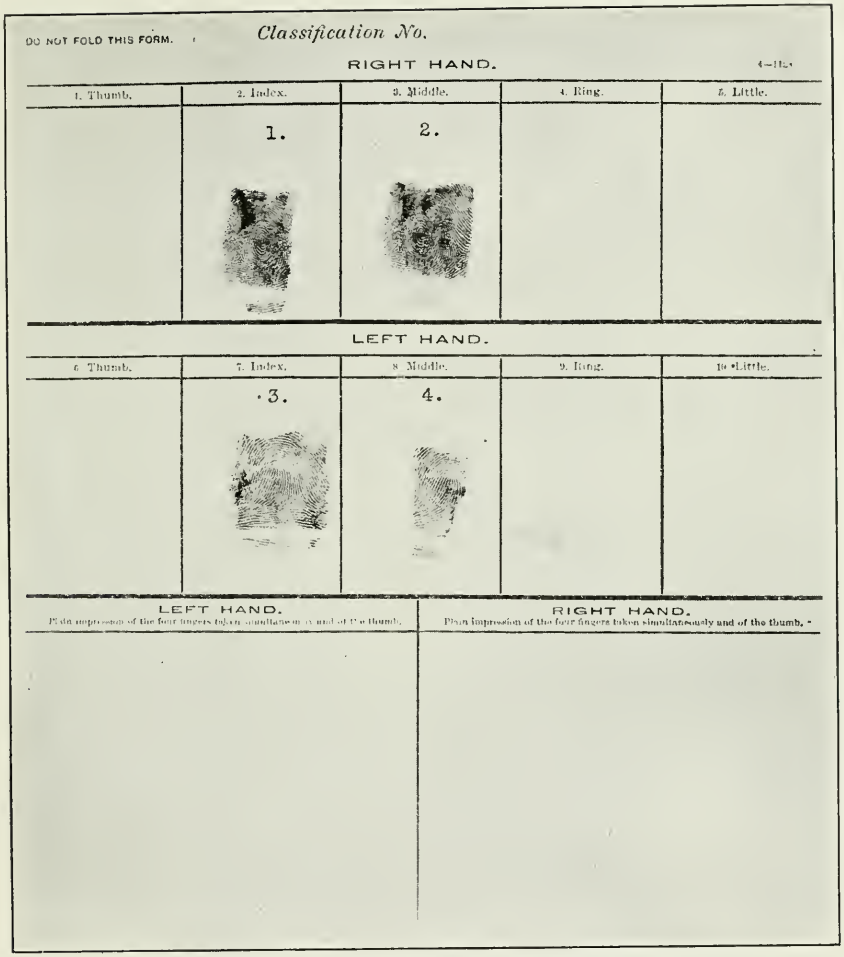


FIG. 11.—Ulnar loop (right hand), showing 65 points of identification.



DO NOT FOLD THIS FORM. *Classification No.*

RIGHT HAND. 4—12.

1. Thumb.	2. Index.	3. Middle.	4. Ring.	5. Little.
	1.	2.		

LEFT HAND.

6. Thumb.	7. Index.	8. Middle.	9. Ring.	10. Little.
	3.	4.		

LEFT HAND. Plain impression of the four fingers taken simultaneously and of the thumb.	RIGHT HAND. Plain impression of the four fingers taken simultaneously and of the thumb.

FIG. 12.—1, Whorl improperly rolled, showing only one delta; 2, same finger properly rolled; 3, loop properly rolled; 4, same finger improperly rolled.

In loops some of the ridges make a backward turn but without twist; there is one delta. If the downward slope of the ridges about the core is from the direction of the little finger toward that of the thumb it is a radial loop. Figure 7 is a radial loop in the right hand. The heavy black line drawn from the delta to the core indicates the ridges that are counted in classifying loops. In this impression the line cuts or crosses 16 ridges. If the downward slope of the ridges about the core is from the thumb side toward the little finger the loop is ulnar. Figure 8 is an ulnar loop in the right hand or a radial loop in the left hand. In this impression the heavy black line crosses 19 ridges. Be sure that the delta is shown if the impression is a loop.

Whorls.—In whorls some of the ridges make a turn through at least one complete circuit. There are two deltas. Whorls are single cored or double cored. Fig. 9.) The right and left deltas in this impression are shown by the arrowheads. The deltas in whorls must always be shown, in order that the tracings may be properly made. In whorls the ridge traced starts from the left delta and is traced toward the right delta. When the ridge whose course is traced meets the corresponding right delta ridge the whorl is specialized as M; when this ridge goes inside of the right delta with three or more ridges intervening it is specialized as I; when the ridge traced goes outside of the right delta with three or more ridges intervening it is specialized as O.

Figure 10 is a composite. This pattern is classed as a whorl and has two deltas. The right and left deltas in this impression are shown by the arrowheads.

Figure 11 shows ridge characteristics used in establishing the identity of a person. Unless an impression is free from blur great difficulty is encountered in picking out the points of comparison between two impressions. Sixty-five points of comparison are shown on this impression which are free from blur and could all be used for purposes of comparison and identification with another print of the same individual.

Figure 12 (1) shows a whorl improperly rolled, with only one delta showing. It is impossible to make a correct tracing of a pattern rolled in this manner. Figure 12 (2) shows the same impression properly rolled.

Figure 12 (4) shows a loop improperly rolled, with the delta missing. The space between the delta and point of core in loops must be plainly shown and free from blur. This pattern is of no value and can not be properly classified. Figure 12 (3) shows the same pattern properly rolled.

Each operator should instruct his relief in the taking of finger prints, so that the Bureau of Navigation and Marine Headquarters will be able to receive good finger-print impressions at all times.

The skin on the finger tips of the bodies of men which have been recovered from the water will be greatly wrinkled or shriveled, so that without some treatment the making of satisfactory prints may be difficult and even impossible. The way to overcome this is to inject water with a hypodermic syringe beneath the skin of the bulb of the finger. This will smooth out the skin for the impression.

Figures, 5, 6, 7, and 8 represent the standard for impressions of these types. Only impressions of these types which are up to the standard will be accepted.

(*r*) Name of recruit will be entered in full.

(*s*) Line "Race" will be filled out "White," "Negro," "Filipino," etc.

(*t*) The complete form must be forwarded promptly, with the first sheet of Enlistment Record, to the Bureau of Navigation, and must not be folded. Duplicate copy for retention is not required.

At time of preparing identification tags for *officers* make also finger prints for them as described above.

NOTE.—The apparatus for making finger prints is supplied by the Bureau of Navigation, and not by the Bureau of Medicine and Surgery.

Platform scales and other paraphernalia required at recruiting offices (except articles on the Medical Supply Table) will not be furnished by the Bureau of Medicine and Surgery.

PREPARATION OF IDENTIFICATION TAGS.

(See General Order 294.)

2097. The identification tag for officers and enlisted men of the Navy consists of an oval plate of monel metal 1.25 by 1.50 inches, perforated at one end and suspended from the neck by a monel wire incased in a cotton sleeve.

The tag has on one side the etched finger print of the right index finger. On the other side are to be etched the individual's initials and surname, the month, day, and year of enlistment (expressed in numerals, e. g., 1-5-1916), and the month, day, and year of birth (similarly expressed). This side will also bear the letters U. S. N.

The etching of the tag shall be done by such member or members of the Hospital Corps as the medical officer may designate.

The following articles are required:

1. The outfit for making a finger print on paper.
2. A supply of printer's ink thinned to the proper consistency for easy use with an ordinary steel pen. (Dilute with gasoline or turpentine.)
3. Gilsonite or powdered asphaltum.
4. Nitric acid, 1 part by volume; water, 2 parts by volume, in glass dish.
5. Alcohol lamp with good flame or electric stove.
6. A device for holding the tag without touching the flat surfaces (not supplied, but device can be improvised by any carpenter's mate).

The steps in the preparation of the etchings are as follows: After collecting the various articles described above, take an ordinary "rolled"[1] finger print on paper to show that the finger is clean, not too heavily inked, etc., and will make a good print, and write down on paper the data for the other side—initials, surname, and dates required. Make a "rolled" finger print (right index finger) on the metal tag in the usual manner. Holding the tag by the edge, turn it over and write on the other side with a clean steel pen (in printer's ink that has been thinned out with turpentine or gasoline) the initials and surname, the date of enlistment and of birth (using figures), and the letters U. S. N. on the left end of the oval.

While ink is still fresh on both surfaces sprinkle them with finely powdered asphaltum. Some of this will mix with the ink and stick to the two surfaces. The rest should be blown off. Now heat the tag slightly above the boiling point of water. Allow the tag to cool. Put it in the nitric acid solution for one hour. Remove, wash in water, and dry.

Great care is to be exercised in the preparation of the tags so as to avoid useless expense for tags spoiled in the process. The following cautions are to be noted: Remove all excess of ink from the finger, leaving a smooth, uniform coating. Press the finger lightly against the metal tag, avoiding too great pressure, as this will smear the impression.

If the first impression with ink is not satisfactory, make it again on a fresh tag. Tags that have been soiled with printer's ink can be used again after thorough cleansing with gasoline. The cleansing must be thorough, as the least trace of ink left on the tag from a previous attempt will spoil the etching. (It is well to put aside the tags on which poor printing has been done and clean them up all at one time for use.)

In inscribing the name use a blunt pen and diluted printer's ink. The ink can be thinned with gasoline or turpentine. Turpentine is preferable as it does not dry so quickly and the next step must be carried out with both sides of the tag wet. Have the initials, surname, and dates written out on paper in advance, so they can be quickly inscribed on the tag without having to delay by questioning the person for whom the tag is being prepared.

The ink should be just thin enough to write with. If it spreads on the metal it is too thin; if too thick it will not flow from the point of the pen.

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[1] Finger prints are "rolled" and plain; see sec. 2096.

Be careful not to smudge the finger print while writing name.

The next step is the application of the gilsonite or asphaltum. This should be fine enough to pass through a sieve having 100 meshes to the square inch. Sprinkle thickly on the two wet surfaces. Remove what does not mix with and stick to the ink by tapping and blowing.

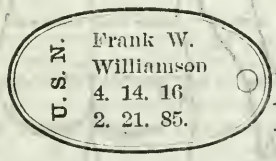
The tag is now held with forceps over a flame or stove until the ink and asphaltum have melted together, forming sharp, glossy black lines.

If not enough heat is applied to completely melt the asphalt the action of the acid will be too powerful. Complete melting of the asphalt is indicated by the lines becoming glossy. If too much heat is applied the lines run together and are obliterated. The etching solution consists of concentrated nitric acid, 1 part by volume; water, 2 parts by volume.

The solution may be placed in glass, china, or enameled ironware (if there are no nicks or cracks). A number of tags can be etched at once, but do not pile them one on top of the other. The name side should be up, and the finger-print side down while in the acid bath. This will favor deeper etching on the name side, which is desirable, as it will then not wear off so rapidly.

The etching process or acid bath should be watched and a tag lifted out from time to time to see how lively the action is. It can be moderated by adding water. Usually the process of etching requires one hour. The acid solution naturally weakens with use and should be renewed from time to time. If the corrosive action is slow in beginning, concentrated muriatic acid (HCl) may be added—1 part to every 30 of the nitric solution.

The data desired are put on thus:



----------(First enlistment.)
----------(Date of birth.)

The letters "U. S. N." are at the opposite end of the oval from the perforation for the wire.

In the case of officers it will be necessary, when making the tags, to make also the usual finger prints on paper (as required for enlisted men) and to send them to Bureau of Navigation, Washington, D. C., for filing.

Enter on the blank the full name of officer, the rank held, and date of appointment.

SECTION 6.—OUTLINE FIGURE CARD AND DESCRIPTIVE LIST.

2101. The outline figure on the reverse side of the finger-print record shall be filled out in the case of every recruit that has been found physically qualified and accepted for enlistment and for every sailor or marine who presents himself for reenlistment when date of last enlistment was prior to January 1, 1907.

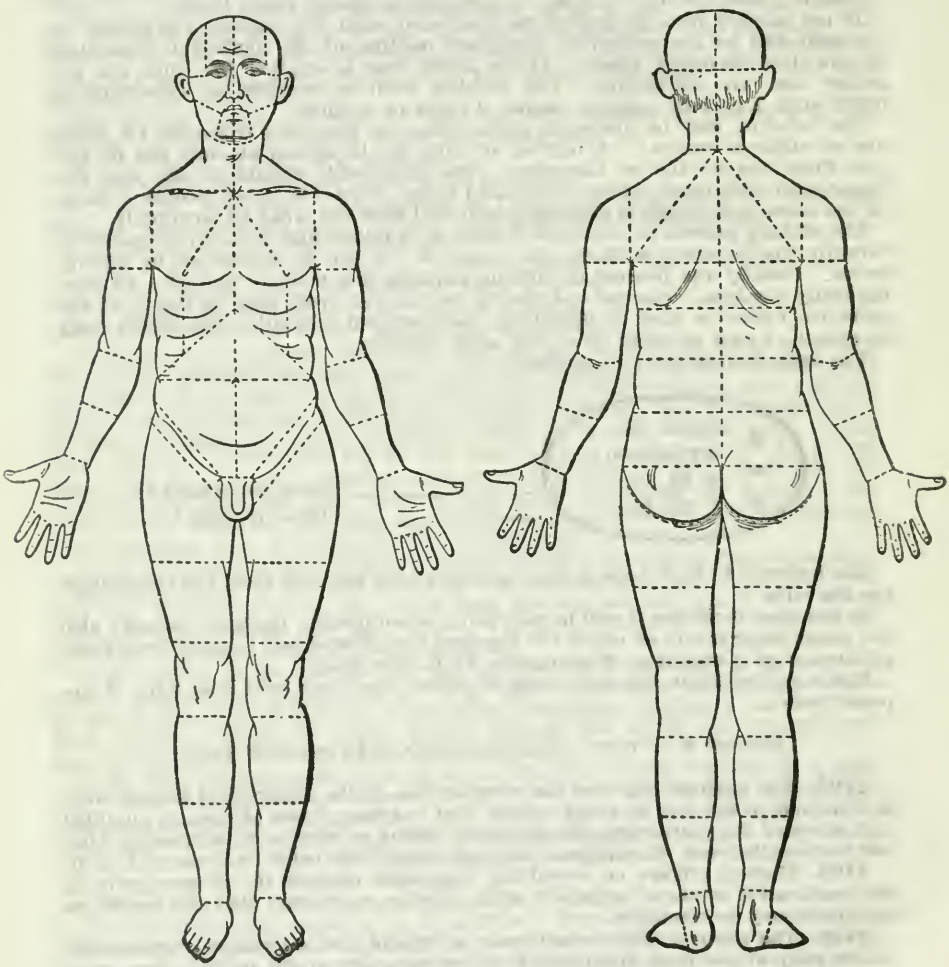
2102. Medical officers on recruiting duty shall observe the greatest care in the preparation of these cards and shall exercise every care that the record on each card may be complete.

2103. The medical officer shall make a careful and systematic examination of the body of the man, front and rear, on each side of the median line, separately, commencing at the scalp and ending at the foot, and the following directions shall be carefully noted:

(*a*) Cards showing less than five marks in addition to vaccination scars, tattooing, loss of teeth, and deformities (which should likewise be noted), can not be relied upon in the effort to discover identity or to identify a person in suspected cases. Experience shows that as many as 10 or 15 marks may usually be found.

(*b*) If no marks be found upon the recruit the fact should be stated upon both the front and back of the card. If marks are found upon the front and none upon the rear or vice versa, the entry "no mark" should be made upon the appropriate side of the card.

(*c*) Outline figure cards are to be made out in permanent black ink. Copying ink or indelible pencils should not be used.



(*d*) Name.—Christian and middle name in full and surname in the order to be used. The name should be written very plainly, or preferably typewritten or printed in plain gothic letters.

(*e*) Rate.—The rate in which recruit is enlisted shall always be stated.

(*f*) Age.—The age at the time the card is prepared is the one that shall be given.

(*g*) Height.—The height is to be given in inches, and as it is relied upon as a base in comparing the cards of recruits with the classified descriptions of the former sailors or marines, and as the measurement may to a considerable degree be affected by efforts at deception on the part of the recruit, great care in ascertaining it is enjoined.

(*h*) Hair.—The scale of hair colors may be given as follows: Flax color; light brown: of red hair, as follows: brick red, sandy red, auburn (reddish brown); dark brown; black; of gray hair, as follows: dark gray, light gray, (approaching white), iron gray (mixed).

(*i*) Eyes.—The eyes should be compared by placing the subject with the face in good light. Slide the Standard Eye Chart up or down the left side of the face, close to the left eye. The nearest approach in similarity of color is the number to be given. If the right eye is distinctly different in color, its number also should be given.

(*j*) White or colored.—Write the word "white" or "colored" to indicate race as the case requires. Do not indicate by crossing out one of the words.

(*k*) Date of last prior enlistment in the Navy or Marine Crops.—If the recruit has had no prior service in the Navy or Marine Corps, write the word "none."

(*l*) Missing teeth.—To indicate the missing or useless teeth, mark with an X the letters corresponding to the teeth that are absent or useless. Teeth that are partly decayed should be indicated by drawing a diagonal line through the corresponding letters. If none are missing, write the word "no" in front or above the words "missing teeth." This will show that they were not overlooked.

(*m*) Station and date.—Write the name of the station at which the card is made out and the date of its preparation.

2104. Marks on the outline-figure card should be made at points corresponding to those occupied by the marks on the body of the recruit. This may readily be accomplished by drawing imaginary lines on the body of the recruit like the dotted lines on the card and placing the mark in the proper position on the card. As the dotted lines mark the boundaries of regions which are used in the systematic arrangement of the cards for purposes of identification, it is important that each mark on the card should be placed in its proper position.

(*a*) A pen picture is desired of all marks, showing their inclination and general shape. In the case of tattoos this is optional.

(*b*) A straight line should be drawn from each mark to its description on the right or left of the figure. When avoidable these lines should not cross each other.

(*c*) When a description is common to a number of marks, it need not be repeated for each one, but the lines may converge to it, if they can do so without crossing others.

(*d*) The sizes of all scars, moles, warts, birthmarks, etc., are to be given in inches or fractional parts thereof, except in the case of pin-head moles (abbreviation p. m.).

(*e*) Pin-head moles are moles less than one-eighth of an inch in diameter.

(*f*) Tattoo marks should invariably be noted and described in detail as they appear. In the case of devices composed of two or more figures, the component parts should be named, e. g., "heart, cross, and anchor," not "faith, hope, and charity"; "clasped hands," not "friendship"; "eagle, shield, crossed cannon, flags, and arrows," not "American coat of arms." The same applies to all emblems, coats of arms, lodge pins, badges, etc.

(*g*) Letters, initials, and words should be printed, by hand in plain roman capitals or gothic, thus: "J. H. M.," "U. S. V.," "I. X. L.," "IN GOD WE TRUST," etc.

(*h*) Details of costume, posture, and relationship to other devices should be given in the case of tattooed representations of men and women, e. g., "woman clinging to a cross"; "man and woman embracing, houses, lighthouse, and

ship in the background"; "sailor standing by a tombstone, weeping willow overhead, cap in right hand, words 'in memory of my mother' on stone."

(*i*) The size of tattoos need be given only in the case of dots, blotches, circles, lines, etc.

(*j*) It is not necessary to state the color or kind of pigment used in the tattooing.

(*k*) Do not crowd the description of tattoos between the right arm of the figure and the edge of the card in front, nor the left arm and edge of the card on the back.

(*l*) Indecent or obscene tattooing is cause for rejection, but the applicant should be given an opportunity to alter the design, in which event he may, if otherwise qualified, be accepted.

(*m*) Do not write on the figure. The figure is to be used for the purpose of locating, by pen pictures, the different marks found on the body of the recruit.

(*n*) Amputations and losses of parts of fingers and toes should be noted, showing the particular member injured and how much of it is gone.

2105. The following abbreviations are authorized and will be understood in the sense indicated, viz: Amp., amputation; bl., blue; bmk., birthmark; bro., brown; d., depressed (except when following a dimension; then it stands for diameter); f., flat; fl., fleshy; h., hairy; m., mole; p., pitted; p. m., pin-head mole; r., raised; s., scar or smooth; v., vaccination; var., varicose veins or varicocele; w., wart.

(*a*) All combinations of these abbreviations are admissible, e. g., p. s. ½ d., pitted scar one-half inch in diameter; s. 1, scar 1 inch long; f. p. s. 1 x ½, an oval, flat, pitted scar, 1 inch long and ½ inch wide.

(*b*) Abbreviations denoting shape are unnecessary, for the letter "d" following a dimension shows that the work is circular. Two dimensions given indicate that the mark is oval or oblong, and when no letter follows the dimension it is understood that the mark or scar is linear.

(*c*) When a linear mark or scar is otherwise than straight the length to be given is the shortest distance from one extreme to the other.

(*d*) The letters "T. M." should not be used as abbreviations for "Tattoo marks," as they are liable to be taken for tattooed letters on the person.

Section 6a.—Physical Examination for United States Naval Reserve Force.

2107. Candidates for enrollment or appointment (or transfer) in the various classes of the United States Naval Reserve Force are subject to the physical requirements prescribed for the corresponding ranks, grades, and ratings of the Regular Navy.

Variations from standard: Variations from the standard prescribed are permissible as follows, provided the examining medical officers are satisfied that the defects are such as will not interfere with the prospective special duties of the candidate as a member of the Naval Reserve Force. Minimum height for officers, 64 inches. Candidates who intend applying for active duty for instruction and training with a view to confirmation in grade, and the further intention, when authorized, of taking the examination for appointment in the Regular Navy, must meet the Navy standard.

Fleet Naval Reserve, class 1: The physical standard is the same as that for the Regular Navy as applied to officers appearing for promotion and men for reenlistment.

Naval Reserve, class 2: The physical standard is the same as for class 1.

Naval Auxiliary Reserve, class 3: Physical examinations in this class will necessarily be governed by the ability of the individual to perform the duties of his position as a member of the crew of the merchant ship which is listed to be taken over by the Navy Department. Conditions which do not prevent the individual from pursuing his occupation on the ship, or which do not menace the health of others, may in general be waived by the examining medi-

cal officer. All defects should be carefully noted in the health record and on the shipping articles, and a waiver form noting the defects should be made out and forwarded to the Bureau of Medicine and Surgery, marked plainly "For file." The examining medical officer should, when necessary, insert the words "except as noted" between the words "free" and "from" in his certificate on the enrollment articles.

Naval Coast Defense Reserve, class 4: All individuals enrolling in this class with a view to subsequently taking an examination for appointment in the regular Navy are required to meet the regular Navy standard. All individuals enrolling in this class who are capable of performing special useful service in the Navy, and as such are liable for general service, are required to meet the standard prescribed for class 1. Individuals who are enrolled in this class for special or fixed duties on shore will be only required to meet the physical qualifications prescribed for the Naval Auxiliary Reserve, class 3. The same procedure with regard to noting and reporting defects will be carried out as described under class 3.

Naval Reserve Flying Corps: The physical standard shall be that prescribed for the Flying Corps of the regular Navy, except that when individuals present evidence of extensive experience in actual flying a waiver may be forwarded. The waiver should indicate the number of flights and the total time recently spent in the air as a pilot.

2108. Female candidates for enrollment in the Naval Coast Defense Reserve are subject to the following physical requirements:

Table of physical proportions for height and weight measurement of women.

Height.	Weight.	Height.	Weight.
Inches.	*Pounds.*	*Inches.*	*Pounds.*
60	112	66	132
61	114	67	136
62	116	68	140
63	119	69	145
64	123	70	150
65	127		

The weight is taken with clothing; the above weights are those after the estimated weight of clothing has been deducted.

The minimum height for acceptance is 60 inches. A variation not exceeding 1 inch is permissible if the applicant is in good health and desirable. The minimum weight for acceptance is 112 pounds. A variation of 17 pounds, not to fall below 95 pounds in weight, below the standard given in the table is admissible when the applicant for enrollment is active. A chest expansion of less than 2½ inches is a sufficient cause for rejection of an applicant. The table is given to show what is regarded as a fair standard of physical proportions and not as an absolute guide to be followed in deciding upon the acceptance of applicants.

Marked disproportion of weight over height is not a cause for rejection unless the applicant is positively obese.

Any one of the following conditions will be sufficient to cause the rejection of an applicant:

(*a*) Feeble constitution, general poor physique, or impaired general health.

(*b*) Any disease or deformity, either congenital or acquired, that would impair efficiency, such as: Weak or deranged intellect, cutaneous disease not of a mild type, parasites of the skin or its appendages, deformity of the skull, abnormal curvature of the spine, torticollis, inequality of upper or lower extremities, inefficiency of joints or limbs, deformity of joints or bones (either congenital or the result of disease or injury), evidence of epilepsy or other

convulsions, defective vision (minimum 15/20 in either eye), disease of the eye, color blindness, impaired hearing or disease of the ear, chronic nasal catarrh, ozena, polypi, great enlargement of the tonsils, impediment of speech, disease of heart or lungs or predisposition to such disease, any history of abdominal or pelvic disease or abnormality, loss of many teeth, or teeth generally unsound (teeth properly filled not to be considered unsound). Every applicant must have at least 20 sound teeth, and of these not less than 4 opposed incisors and 4 opposed molars.

(*c*) Any acute disease.

Variations from the standard prescribed are permissible, provided the examining medical officers are satisfied that the defects are such as will not interfere with the prospective special duties of the candidate as a member of the Naval Reserve Force. Conditions which do not prevent the individual from pursuing her occupation, or which do not menace the health of others, may in general be waived by the examining medical officer. All defects other than those peculiar to the female sex should be carefully noted in the health record and on the enrollment articles, a waiver form noting all defects shoud be made out and forwarded direct to the Bureau of Medicine and Surgery, marked plainly "For file." This will be regarded as confidential. The examining medical officer should, when necessary, insert the words "except as noted" between the words "free" and "from" in his certificate on the enrollment articles.

Whenever a naval hospital is within reach, the examination shall be conducted at said hospital, where the services of a member of the Nurse Corps (female), United States Navy, will be available. If this is not practicable, the examiner shall use such tact and courtesy as will avoid offending in any way the sensibilities of the applicant. He shall not, however, by such attitude, allow himself to deviate from a proper fulfillment of all the requirements. The applicant should be previously instructed to arrange her clothing in a way that will insure ease, facility, and thoroughness in the examination. A loose gown of light material will not interfere with the examination or the taking of the measurements. Corsets should invariably be removed.

Section 7.—Physical Examinations for Special Duties.

2111. All candidates for the position of gun pointer, who are referred by the commanding officer to the medical officer for examination of eyesight preliminary to training, shall be subject to the following requirements: No applicant shall be recommended as qualified for this rating who can not read with the right eye (or left eye, if used in aiming) at 20 feet the line on Snellen's test card, which is normally seen at 15 feet (i. e., 20/15 vision). A minimum 20/20 vision should be required with the eye not used in aiming. The test card should be well illuminated, on a level with the candidate's eyes and directly, not obliquely, in front of him. Before each record target practice all qualified and acting gun pointers shall be examined for acuity of vision and the result entered on the gunnery record. A report shall also be submitted to the department. (I 2501 (3)).

2112. In all cases where men request to be transferred from the seaman branch to the rating of fireman, third class, they shall be examined physically by a medical officer, and the result of such examination reported in the recommendation of the commanding officer when submitting the request to the bureau. No other written report of such examination need be made other than an entry on the man's health record that the examination has been made and the man found fit or unfit. (Bureau of Navigation. No. 2158–249, Feb. 24, 1912.)

2113. Aviation duty: All candidates for aviation duty shall be subjected to a rigorous physical examination to determine their fitness for such duty. Physical qualifications shall conform to the standard set in chapter 11, with the additional requirements as follows:

(*a*) Normal vision (at least 20/20) in each eye will be required, and no variation below the prescribed minimum standard height or below the mean chest circumference and the prescribed expansion shall be allowed. In all such candidates a normal beart and normal lungs with full and free expansion are of prime importance. Blood pressure will be taken before and after exercise and any marked departure from normal will be cause for rejection. A urinary examination will also be made and disease so disclosed will invariably lead to rejection.

(*b*) In requiring normal acuteness of vision and hearing, medical officers are cautioned to recognize that such acuteness is merely one factor in normal functions of eyes and ears, separately and coordinately. For instance, accident in landing an airplane may be regarded as frequently due to error of judgment in regard to distance from earth at the time the machine should be "flattened out." Yet, correct judgment depends upon many factors and even simple acuity of vision can be considered as being of great importance at times in such cases. Furthermore, while judgment may depend essentially upon central conditions, it also has important relation to reflexes from eyes and ears which may dominate those conditions. Therefore, in that direction can frequently be found varying ability of central nervous systems to maintain coordination and a normal sense of equilibrium with reference to acts urgently required. Hence, full functions of eyes and ears are essential for duty in the Flying Corps, but acuity of vision and hearing is only a part of those functions. Nevertheless, good vision is very helpful in selecting a suitable landing field in forced landings and in allowing efficiency without glasses or goggles that can be pushed out of the way when obscured at any time by oil (engine-in-front type); while normal hearing has been found to give essential assistance in detecting the first signs of engine defect while in the air or in detecting such defect prior to flight.

(*c*) In considering eyes, all practicable attempts will be carefully made to seek indications of abnormality of function in any direction. In that connection reference is made to requirement of even pupils and equal and full reactions to light and distance, and also to freedom from any appearance of disease in eyes and adnexa. Strabismus or squint in any manifest degree is cause for rejection. Ocular movements, observed while having the eyes follow the finger of the examiner, must show no lack of coordination, and there must be no nystagmus on turning the eyes to right or left 40 degrees or when looking to the front.

(*d*) In relation to ears, the first consideration is acuteness of hearing, which will be determined by the usual methods; but in the watch test the examiner shall use a watch he has standardized. For that purpose he shall satisfy himself as to the usual average maximum distance the watch is heard by at least five men found to have normal drums and considered from association to have normal hearing. The determination must be made under the conditions to which candidates would be subjected in carrying out the test, and the distance in inches so determined shall be used as the denominator in computing the usual fraction for the record; but the full distance will be required for acceptance. The drum and auditory canal of each ear will then be examined with a speculum. Perforation, pus, odor, or any evident condition of disease is cause for rejection. Indication of middle-ear trouble shall be regarded as of special importance, and it should be recognized that such indication is often found in the very diminution of the sense of hearing which is regarded as a cause of rejection. A contributory cause should be sought in examination of nasal septum and for those conditions of the throat and nose suggestive of interference with patulousness of eustachian tubes, such interference not only being in association with middle-ear disturbances, but also preventing the aviator from securing the required balance of air pressure on the ear drums when ascending, or, of special importance, in more or less rapid descents.

(*e*) The practicability, or even advisability, at this time of seeking to make definite inquiry into functions of equilibrium through nystagmus induced by excitation of vestibular mechanism may be regarded as more or less in question in view of normal differences and also of variations in the personal equations of examiners. Such nystagmus may be produced by rotary, caloric, compression, or galvanic methods.

(*f*) However, in seeking abnormality in function of equilibrium there are certain valuable static and dynamic tests that must be made at each examination. In these tests the candidate is required, without shoes, and first with eyes open and then closed, to—

(1) Stand with knees well back and inner margin of feet touching.
(2) Stand on toes from position (1).
(3) Stand flat on right foot and rest left foot on right knee or instep.
(4) Stand flat on left foot and rest right foot on left knee or instep.
(5) Walk forward with feet flat.
(6) Walk to the right in a circle with feet flat.
(7) Walk to the left in a circle with feet flat.
(8) Walk backward with feet flat.
(9) Hop backward on both feet flat.
(10) Hop backward on right foot flat.
(11) Hop backward on left foot flat.

Position (1) should be held for two minutes without abnormal swaying, and position (2) for a minute. Normal attempts at balancing have no significance. Positions (3) and (4) should be held for at least a quarter of a minute. In tests (6) and (7) there should not be expectation of candidate making mathematical circle, especially with eyes closed, but only that he will normally tend to follow the general direction of a circle. In making these tests and watching for abnormal deviations, the examiner must recognize that they have relation not only to peripheral nerve disturbances but also to central conditions, especially those of luetic origin, and that the patella, tendo Achillis, and pupillary reflexes must be considered with them. In the case of the candidate examined for transfer or detail the blood-serum test for specific disease will also be secured, and such test will be secured in other cases when practicable.

(*g*) The static and dynamic tests must also be considered in connection with the prescribed routine examination to determine the free and full movements of joints. In relation to the knee and ankle joints it is evident that their finer movements play a very important part in rudder control, especially in a fast machine requiring quick-acting controls. Difficulty in those joints may also lead to the abnormal position in an airplane that tends to cramping of muscles.

(*h*) In the consideration of a suitable type of individual the anemic should be discarded, and also the asthmatic, emphysematous, or obese. The desire is for the active with freedom from disease and objectionable tendencies. In that relation the history of the individual may be of great importance and consequently must be sought. Is there story of eye trouble, such, for instance, as double vision? Is there history of ear trouble, such as earache, discharge, noises, or mastoiditis? What is the history as to enuresis, asthma, rheumatism, seasickness, swing sickness, vertigo, headache, and head injury? These questions relate to both disease and type and can readily furnish information upon which rejection should be based. A candidate whose history or condition shows lues, or any of the chronic intestinal disorders tending to dizziness, should be rejected as well as he who is found to have inclination toward a habit that disturbs mental balance, such as toward alcohol or other drug.

(*i*) In either adult or minor a chest expansion of less than 2½ inches is a sufficient cause for the rejection of the applicant, and there shall be no variation below the prescribed chest measurements. In the case of minors no underweight or underheight is allowed, and in regard to adults the weights given for 64, 65, and 66 inches will be regarded in each case as a minimum. No adult above 66 inches will be accepted with less weight than 132 pounds, and

in such a case no variation greater than 7 pounds below the prescribed weight for height will be allowed. But in all cases the applicant must be active, with firm muscles, and evidently vigorous and healthy. Consequently, marked disproportion of weight over height will also be a cause for rejection when it is an indication of obesity. Special attention will be given to obesity and to any tendency in that direction disclosed by family history or suggested by disproportion of weight over height. Examiners will regard obesity or tendency to obesity as cause for rejection in all cases.

2114. Physical examination of men recommended for trial: Commanding officers recommending a man for trial by general court-martial will direct the senior medical officer on board to make a thorough physical examination of the man so recommended for trial to determine his physical fitness for the service. In case the man so examined shall be found physically unfit for the service, the report shall fully contain the reasons, etc. The report shall be made in deplicate, and will be forwarded to the commander in chief with the other papers in the case. (Atlantic Fleet Regulations, 1913, par. 260 (*b*).)

2115. Physical examination of prisoners prior to transfer to disciplinary ship: In every case before a general court-martial prisoner is transferred to a disciplinary ship an examination will be held by a medical officer of the ship to which the prisoner is attached to determine the prisoner's physical fitness for the service, and no prisoner found to be physically unfit will be transferred to a disciplinary ship. A report in duplicate should be submitted. (Department letter No. 26267–81:1, of Jan. 9, 1913.) (Procedure on shore, see par. 2947.)

2116. Examination before transfer: Every man about to be transferred from one ship or station to another shall be subjected to a *careful physical examination conducted by the medical officer*, who shall make the requisite entries on the man's health record. Except in an emergency, no man who is known to have been exposed to any infectious or contagious disease, or who is found to be suffering from such disease or from active venereal infection, which may be a menace to others, shall be recommended for transfer except for treatment in hospital or for passage thereto. When an emergency requires the transfer of men with these diseases, a full report shall be forwarded through official channels to the medical officer of the ship or station to which transfer is made, with such recommendation as the medical officer may deem advisable. If any cases of these diseases are found and retained, they shall be promptly admitted for treatment and a report of the fact made to the commanding officer. (R 3581 (5).)

2117. When practicable, applicants for the rating of mess attendant, natives of insular or tropical possessions of the United States, will be examined for the presence of intestinal parasites, and such, if found, will constitute cause for rejection.

SECTION 8.—NAVAL INSTRUCTIONS RELATING TO THE NAVY YARD SERVICE, PHYSICAL EXAMINATION UNDER COMPENSATION ACT, ETC.

2121. Physical examination of applicants for employment at navy yards (civil employees). I 231 (9).

2122. Qualifications (physical) of applicants. I 251 (21) *d*.

2123. Causes of rejection. I 251 (23).

2124. Authorization of compensation for injury. I 391.

2125. Medical examination every six months. I 391 (1) *e*.

2126. Prevention of injury to eyes. I 392 (1).

2127. Letter of Secretary of Commerce and Labor relative to importance of physical examination by the medical officer of a navy yard. I 393.

2128. Civil employees at naval hospitals. I 401 (1).

2129. Extension of leave when ill. I 402 (2) (5).

2130. Leave when contagious disease exists in family. I 403 (2) *a*, *b*.

2131. Leave on account of sickness and medical certificates. I 404 (2). (Navy Department, circular letter, May 26, 1917.)

2132. Those honorably discharged from Army or Navy for disability in line of duty to be given preference for appointments. (R. S., sec. 1754.)

SECTION 9.—DETAILED DIRECTIONS REGARDING NAVY YARD SERVICE AND DUTIES ON THE LABOR BOARD.

2141. The physical examination of applicants for all positions will be conducted wholly with a view to determining an applicant's ability to perform the work of the position to which he seeks appointment, and his freedom from disease or defect which would, as a contributory cause, tend to aggravate or prolong a disability resulting from accident or injury received in the performance of his work, or which would render him more liable to such accident or injury. (I 231(9).)

2142. An applicant is required to show to the satisfaction of the labor board that he is physically able to perform the work of his occupation or trade, and that he has no physical defect which will tend to prolong any disability present or render him more liable to accident or injury. (I 251 (22) *d.*) Physical or mental unfitness for the position is deemed good cause for rejection. (I 251 (24) *b.*) (Art. 9, Sec. III, and art. (24) *b*, Sec. V, Regulations governing appointments to Navy Yard Service. Exec. order, Dec. 7, 1912.)

2143. Applicants for employment in the occupations embraced in group 1 (laborers, etc.) will be placed on the eligible list in the order of the averages given to them on their physical ability upon a physical examination which requires a strength test. (Instructions to applicants for employment at navy yards and naval stations, Sec. IV, Form 2012, January, 1913.)

2144. Application Form No. 1642 of the Civil Service Commission shall be used for examinations for positions in group I. The examination for positions in this group will be given by a surgeon or physician detailed to the labor board for the purpose. Where two or more receive the same average percentage priority shall be determined by the time of filing completed application (day, hour, and minute).

2145. The highest rating given to male unskilled laborers is 98 per cent, and for defects, etc., they will be marked down from 100 in multiples of 5 to 70 per cent, all below 70 being marked "rejected." Under the regulations only those rated at 85 per cent or more, including persons entitled to preference under section 1754, R. S., will have their names placed upon the register of eligibles. A man rated at 98 per cent must weigh not less than 160 pounds, must be of corresponding stature (at least 5 feet 6 inches), and must be able to lift, shoulder, and easily carry a mail sack and contents weighing 125 pounds. He must be free from physical defects, organic and functional, and in such general condition of vigor and health that there is a reasonable prospect of his being useful to the Government for 20 years. The examination should not be proceeded with in the case of an applicant who fails to place the sack upon his shoulder, he being rejected without further action. Preference will be given to men who are heavier than the average, provided the chest expansion is normal and waist measure not excessive. Boys are not required to stand the weight-lifting test.

2146. In case of female applicants, the highest rating given is 95 per cent. The examination is of a modified character and the test of strength is omitted. An examination of the thoracic contents will be the principal feature, together with questions and inspection after weighing and measuring.

2147. From the maximum rating in either sex deductions will be made for any defect—e. g., obesity, insufficient muscular development, deficient chest mobility, spinal curvature, pigeon breast, loss of one or more fingers or toes or portions thereof, defective sight or hearing, functional defects of cardiation, respiration, or circulation, etc.

2148. The following are causes for absolute rejection: Serious impairment of vision or hearing; decided cachexia; tuberculosis; venereal disease; permanent defects (unless slight) or loss of limb; impaired function of brain or

nerves; epilepsy; paralysis; insanity; chronic otitis; chronic ulcers; organic cardiac affection; hernia; varicocele (unless slight); tumors; severe hemorrhoids; varicose veins of lower limbs (unless very slight), and such other causes as unfit one for manual labor or materially shorten the period of expectancy of life.

2149. The rating is largely a matter of judgment on the part of the examiner, and this brief is merely to enable the examining physician to form his conclusions with uniform results in view. A defect mentioned as a cause for deduction may be so slight as to offer no probability of its future seriousness; on the other hand, one of the class mentioned may be likely to develop into a grave disability.

2150. In entering the names upon registers, the kind of labor in which eligibles are proficient should be shown. The names of applicants rated at 85 or more should be entered in the order of their ratings, except that eligibles preferred under section 1754, Revised Statutes, rated at 85 or more and honorably discharged veterans of the Civil War rated at 85 or more will be given priority. The period of eligibility is one year. Where two or more receive the same average percentage, priority shall be determined by the time of filing completed application (day, hour, and minute): *Provided*, That honorably discharged soldiers, sailors, and marines shall be entered above others in cases of equality of ratings.

2151. (*a*) The subjects and weights of the examination for positions in groups II, III, IV, and V (a) shall be:

Physical ability, weight 4, and

Training and experience, weight 6.

(*b*) For classification and groups see I 221.

2152. Instructions for rating physical ability: Applicants for all noneducational examinations in groups II, III, IV, and V (a) will be required to have the medical certificate on examination Form 1800 executed by a licensed physician, and upon the information furnished in such medical certificate the subject of physical ability shall be rated. The certificate in each case should, if practicable, be executed by one of the commission's designated physicians.

The maximum rating obtainable in any case is 98 for males and 95 for females. Ratings should be based upon the following table of heights and weights:

Height.	Weight.	Per cent.
	Pounds.	
5 feet	120 to 144	95
5 feet 1 inch	122 to 147	95
5 feet 2 inches	124 to 151	95
5 feet 3 inches	127 to 154	95
5 feet 4 inches	131 to 158	95
5 feet 5 inches	134 to 163	95
5 feet 6 inches	138 to 168	98
5 feet 7 inches	142 to 174	98
5 feet 8 inches	146 to 179	98
5 feet 9 inches	150 to 185	98
5 feet 10 inches	154 to 191	98
5 feet 11 inches	159 to 198	98
6 feet	165 to 204	98
6 feet 1 inch	170 to 208	98
6 feet 2 inches	176 to 215	98
6 feet 3 inches	181 to 224	98

Height in fractions of an inch, if one-half or over, should be rated at next higher integer; if under one-half, next lower, except to receive the maximum rating the applicant must be fully 5 feet 6 inches.

2153. Ratings as indicated above are given if the medical certificate shows normal conditions; applicants whose measurements are disproportionate, but

who are otherwise normal, are, if over 5 feet 6 inches, to be rated at 95, and if under at 90, except in cases of well-marked obesity, or underweight, when an additional 5 per cent may be deducted, making the former rating 90, the latter 85. The maximum rating (98) should not be given an applicant whose waist measure equals or exceeds that of his chest at forced expiration, or whose chest mobility is less than 3 inches.

2154. Deductions will be made for any defect as diminutive physique, spinal curvature, obesity, rupture, defective vision or hearing, organic diseases, deformity, loss of hand or foot, etc. First, the measurements of the applicant are to be considered and a tentative rating determined from them. Having determined what the normal man of the given dimensions would receive as a rating thereon, the further statements of the certificate will be examined and deductions made for abnormalities as found therein. The following list comprises the more common existing disabilities, with their corresponding deductions:

Contagious or infectious diseases (including venereal). Reject.

Heart disease, except in cases with valvular lesions when the latter are fully compensated, as attested by certificate of two physicians. Reject.

Tuberculosis. Reject.

Epilepsy. Reject.

Insanity. Reject.

Blindness. Reject.

Loss of both arms or both legs. Reject.

Loss of arm and leg. Reject.

Locomotor ataxia. Reject.

Cancer. Reject.

Bight's disease. Reject.

Diabetes. Reject.

Loss of hand or foot. Deduct 35 or more.

Hernia (rupture). Deduct from 35 to rejection.

Piles, fistula, or fissure. Deduct from 15 to rejection.

Arterial sclerosis (hard arteries). Deduct 35.

Spinal curvature. Deduct from 15 to 35.

Loss of finger or toes. Deduct from 15 to 35.

Loss of eye. Deduct 15.

Deformities, old fractures, etc. Deduct from 15 to 50.

Varicocele. Deduct from 5 to 10.

Varicose veins. Deduct from 5 to 35.

Minor defects of vision. Deduct from 5 to 10.

Skin diseases (noncontagious). Deduct from 5 to 25.

Middle ear disease or deafness. Deduct 15.

Deficient chest mobility. Deduct from 5 to 10.

Insufficient muscular development. Deduct from 5 to 10.

Obesity. Deduct from 5 to 10.

Valvular disease of heart fully compensated as attested by certificate of two physicians. Deduct 10.

Enlarged heart (unaccompanied by valvular disease). Deduct from 10 to 25.

Irregular heart. Deduct from 10 to 25.

Too rapid heart. Deduct from 5 to 10.

Chronic bronchitis. Deduct from 5 to 25.

Chronic tonsilitis or pharyngitis. Deduct from 5 to 15.

Deviation of nasal septum, cleft palate, etc. Deduct from 5 to 10.

Chronic disorders of stomach or bowels. Deduct from 10 to 50.

Rheumatism or history of it. Deduct from 5 to 50.

The above is intended as an outline of the method of drawing conclusions from the medical certificate or the information furnished in the application, the rating being largely a matter of uniform interpretation of the statements as they bear upon the potential usefulness of the applicant in the service.

A rating of at least 70 per cent on physical ability will be required of all applicants for employment in the navy-yard service in positions filled through noneducational examination; otherwise the applicant will be rejected.

2155. Discharged employees entitled to entry of name on general list shall be rated on experience and physical ability. The rating for experience shall be determined by averaging the percentage ratings based on marks given on discharge card, workmanship having a weight of 7 and conduct a weight of 3. The rating on physical ability shall be that given the applicant on his application for original entrance if the medical certificate was executed within six months; otherwise a new rating for physical ability shall be made on basis of a medical certificate executed by the yard surgeon. Experience will be weighted at 60 per cent and physical ability at 40 per cent, precisely as in examinations for original entrance.

SECTION 10.—NAVAL INSTRUCTIONS RELATING TO PHYSICAL EXAMINATION REQUIRED UNDER THE COMPENSATION ACT (EMPLOYER'S LIABILITY ACT) OF MAY 30, 1908.

2160. Forms used for reports of injury. Navy Department letter, May 26, 1917. C. A. 1, C. A. 2, C. A. 4.

2161. Authorization of compensation for injury. I 391 (1) *a*.

2162. Compensation to dependents upon death. I 391 (1) *b*.

2163. Report of death from injury. I 391 (1) *c*.

2164. Affidavits upon death or injury. I 391 (1) *d*.

2165. Medical examinations. I 391 (1) *e*.

2166. Payments under act. I 391 (1) *f*.

2167. United States not exempt from liability. I 391 (1) *g*.

2168. Payments of compensation for injury. I 391 (2).

2169. Injury to eyes. I 392 (1–5).

2170. Letter for guidance of medical officers. I 393.

SECTION 11.—GENERAL INSTRUCTIONS RELATING TO COMPENSATION OF UNITED STATES EMPLOYEES.

2171. The act approved September 7, 1916, created the United States Employees' Compensation Commission to adjudge compensation for injuries, disability, or death incurred in the course of their employment to United States employees. This act provides that:

No compensation shall be paid if the injury or death is caused by the willful misconduct of the employee or his intention to bring the injury or death on himself or another, or if intoxication is the proximate cause of the injury or death.

That during the first three days of disability the employee shall not be entitled to compensation except as provided in section 9. No compensation shall at any time be paid for such period. (Sec. 9. That immediately after an injury sustained by an employee while in the performance of his duty, whether or not disability has arisen, and for a reasonable time thereafter the United States shall furnish to such employees reasonable medical, surgical, and hospital services and supplies unless he refuses to accept them. Such services and supplies shall be furnished by United States medical officers and hospitals, but, where this is not practicable, shall be furnished by private physicians and hospitals designated or approved by the commission and paid for from the employees' compensation fund. If necessary for the securing of proper medical, surgical, and hospital treatment the employee, in the discretion of the commission, may be furnished transportation at the expense of the employees' compensation fund.)

That if at the time the disability begins the employee has annual or sick leave to his credit he may, subject to the approval of the head of the department, use such leave until it is exhausted, in which case his compensation shall begin on the fourth day of disability after the annual or sick leave has ceased.

Every employee injured in the performance of his duty, or some one on his behalf, shall, within 48 hours after the injury, give written notice thereof to the immediate superior of the employee.

After the injury the employee shall, as frequently and at such times and places as may be reasonably required, submit himself to examination by a medical officer of the United States or by a duly qualified physician designated or approved by the commission.

In case of any disagreement between the physician making an examination on the part of the United States and the employee's physician the commission shall appoint a third physician, duly qualified, who shall make an examination.

2172. The department in circular letter of February 10, 1909, directed commandants of navy yards to require medical officers on duty at yards to examine all cases of injury of employees coming under the provisions of the compensation act of May 30, 1908, when required to do so by the official who is required to certify on Form C. A.–4 that the applicant has been physically unable to resume his work by reason of disability arising from the injury for which compensation is claimed.

2173. Civil employees at navy yards, naval stations, and naval reservations, when sick or injured, may be removed to their homes or to a civil hospital by Government conveyance when the distances involved are not so great as to embarrass the ambulance service or unduly involve other Government transportation. Otherwise any expenses for such transportation must be borne by the employees. (I 3411 (1).)

2174. Such employees may be cared for in a naval hospital when, in the opinion of the medical officer, removal to their homes or to other hospitals might jeopardize their lives. The stay of such patients in naval hospitals shall continue only so long as may be necessary to provide for their transfer home or to a civil hospital without endangering their prospects of recovery as regards life, and while so under treatment they shall be required to pay 50 cents for each day or part of a day, all money so received to be applied to the naval hospital fund. (I 3411 (2).)

2175. The medical officer at a navy yard examining injured civil employees upon request of the head of department should make a record of all facts connected with the injury, in order to furnish the data required in the reports prescribed under the provisions of the law. The following represent the usual reports:

(*a*) C. A. 1 notice of injury, to be submitted to United States Employees' Compensation Commission by every employee injured in performance of his duty, or some one on his behalf, within 48 hours after injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior.

(*b*) C. A. 2 report of injury, to be submitted as soon as possible after injury by the reporting officer.

(*c*) C. A. 4, claim for compensation, to be filed with official superior within 60 days after injury causing disability for more than three days. This claim must be subscribed and sworn to by applicant and also by the medical officer of the station where the injury was received and by the physician who attended the claimant. There is, in conclusion, a certificate for signature by the official superior.

2176. During the semiannual examination of civil employees required under the act it shall be the duty of the medical officer to record any disability which might at a subsequent date be alleged to be the result of accidental injury while engaged in Government work.

CHAPTER 13.

THE HEALTH RECORD, NOMENCLATURE, JOURNAL OF THE MEDICAL DEPARTMENT, AND REPORTS OF DEATH.

Section 1.—Navy Regulations Relating to Health Records.

2201. Patients transferred to have health records. R 2961 (2); R 3585 (1) *a*.
2202. Entry to be made in health record of men examined before transfer. R 2961 (3); R 3581 (5).
2203. Date of transfer to other than a naval hospital to be noted in health record. R 2962 (1).
2204. Health records of patients left in foreign hospitals to be left with consul. R 2962 (2).
2205. Health record continued by medical officer of any ship arriving in port. R 2962 (3).
2206. Junior medical officer to write up health records. R 2977; I 3251.
2207. Not in line of duty entries on health record. R 2902 (1–5).
2208. Disabilities of men enlisted to be entered on health records. (I 3209); R 3523 (3).
2209. Accidents and injuries occurring in absence of medical officer to be noted on health record. R 4563.

Section 2.—Naval Instructions Relating to Health Records.

2211. Custody of officers' health records. I 708 (1).
2212. Every officer required to notify medical officer of transfer. I 708 (2).
2213. Health records to senior officer of board for physical examination. I 708 (3).
2214. Health records upon completion of examination. I 708 (4).
2215. Health records where no medical officer. I 708 (5).
2216. Officer on duty where no medical officer to furnish reports of disability. I 708 (6).
2217. Periodical physical exercises. I 709.
2218. Entries in health records indicating use of intoxicants, etc. I 707 (5).
2219. Health records to be inspected by fleet surgeon. I 1122 (2).
2220. Health records to be verified. I 2102.
2221. Health records of patients received for passage. I 2116.
2222. Medical officers shall keep health records. I 2117 (1).
2223. Completed records to go to Bureau of Medicine and Surgery. I 2117 (2).
2224. Commanding officer to inspect health records. I 2619 (2).
2225. Entries upon enlistment and transfer. I 3208 (1–2).
2226. Record of vaccination to be entered on health record. I 3211 (1).
2227. Administration of typhoid prophylaxis to be entered on health record. I 3212.
2228. Health records at hospitals to be examined weekly. I 3226.
2229. Patients upon admission to hospitals to have health records. I 3229.
2230. Health records to be signed and verified. I 3237.

2231. Care in keeping health records. I 3252.

2232. Health records to be opened upon appointment or promotion of officer. I 3257.

2233. Examination of enlisted men for rating of fireman to be entered on health records. (Letter Nav. 2158–249, Feb. 24, 1912.)

2234. Records of physical examinations of officers for periodical physical exercise in January to be made in health records. I 709 (5); I 708 (3).

2235. Naval Reserve Force. R 4653 (b); I 5507 (b); I 5509; General Orders, Nos. 231 and 237.

SECTION 3.—INSTRUCTIONS TO BE OBSERVED IN OPENING AND PREPARING HEALTH RECORDS.

2241. (*a*) The whole name (Christian, middle, and surname) to correspond with that on service record and to be legibly written out, without abbreviations, and correctly spelled, preference being given to the original spelling of foreigners' names, the surname to precede and to be distinguished by being underlined.

(*b*) As far as possible, on reports and returns, the grades and rates of officers and men should be spelled out in full, but where sufficient space is not provided the following abbreviations should be used:

OFFICERS.

Admiral	Admr, VAd, or RAd.
Captain (U. S. N.)	Capt.
Commander	Comdr.
Lieutenant Commander	Lt-C.
Lieutenant	Lt.
Lieutenant (junior grade)	Lt-jg.
Ensign	Ens.
Midshipman	Mid-1, etc.
Medical Director	MDir.
Medical Inspector	MInsp.
Surgeon	AAS, ASurg, PAS, or Surg
Dental Surgeon	DentS.
Pay Director	PDir.
Pay Inspector	PInsp.
Paymaster	APay, PAP, or Pay.
Chaplain	Chap.
Professor of Mathematics	PMath.
Naval Constructor	ANCon or NCon.
Civil Engineer	ACEng or CEng.
Boatswain	CBoat or Boat.
Gunner	CGun or Gun.
Machinist	CMach or Mach.
Carpenter	CCarp or Carp.
Sailmaker	CSail or Sail.
Pharmacist	CPharm or Pharm.
Pay Clerk	CPayC or PayC.
Brigadier General (U. S. M. C.)	BrGM.
Colonel (U. S. M. C.)	ColM.
Lieutenant Colonel (U. S. M. C.)	LtCM.
Major (U. S. M. C.)	MajM.
Captain (U. S. M. C.)	CapM.
First Lieutenant (U. S. M. C.)	1-LtM.
Second Lieutenant (U. S. M. C.)	2-LtM.
Quartermaster Clerk (U. S. M. C.)	QrCM.
Marine Gunner (U. S. M. C.)	MarG.

SEAMAN BRANCH.

Mate	Mate.
Master-at-arms	CMatA, MatA–1, etc.
Boatswain's mate	CBM, BM–1, etc.
Gunner's mate	CGM, GM–1, etc.
Turret captain	CTC, TC–1, etc.
Quartermaster	CQr, Qr–1, etc.
Coxswain	Cox.
Seaman gunner	SeaG.
Seaman	Sea–1 or Sea–2.
Appentice seaman	AS.

ARTIFICER BRANCH.

Machinist's mate	CMM, MM–1, etc.
Electrician	CEl, El–1, etc.
Carpenter's mate	CCM, CM–1, etc.
Storekeeper	CStkr, Stkr–1, etc.
Printer	CPrint or Print–1.
Water tender	CWT or WT.
Boilermaker	Bmkr.
Coppersmith	Csmth.
Shipfitter	Sfit–1 or Sfit–2.
Blacksmith	Blks.
Plumber and fitter	P & F.
Sailmaker's mate	SmM.
Painter	Ptr–1, etc.
Oiler	Oiler
Fireman	F–1, etc.
Shipwright	Swrt.

SPECIAL BRANCH.

Yeoman	CY. Y–1, etc.
Pharmacist's mate	CPhM, PhM–1, etc.
Bandmaster	Band
Commissary steward	CCmS, or CmS
First musician	1–Mus.
Ship's cook	SC–1, etc.
Baker	Bak–1, or Bak–2.
Hospital apprentice	HA–1 or HA–2.
Musician	Mus–1, or Mus–2.
Bugler	Bugler
Landsman	Lds.

MESSMEN BRANCH.

Steward to C in C	SCinC
Cook to C in C	CCinC
Steward to commandant	SCom
Cook to commandant	CCom
Cabin steward	CabS
Cabin cook	CabC
Wardroom steward	WRS
Wardroom cook	WRC
Steerage steward	StS
Steerage cook	StC
Warrant off. steward	WOS
Warrant off. cook	WOC
Mess attendant	MsA–1, etc.

MARINE (ENLISTED).

Sergeant (all grades)	Sergt.
Corporal	Corp.
Private	Pvt.
Apprentice marine	ApM.
Drummer	Drum.
Trumpeter	Trump.

PRISONERS.

Men serving a sentence under a general court-martial (not those awaiting trial) should be noted as GCMP, or for detentioners Det–1, etc., in spaces provided for ratings.

(*c*) Enter the rating in which actually enlisted.

(*d*) Enter the name of the place where enlisted.

(*e*) Enter date actually enlisted and strike out the term not to be used as not applying in the case of the man under consideration, following the date of enlistment.

(*f*) Enter month, day, and year of birth.

(*g*) Specify city, town, or other locality of birth, whatever the nationality.

(*h*) Enter (from recruits' statement) all former diseases and injuries.

(*i*) Give former occupation or occupations.

(*j*) For enlisted persons give the number of continuous-service certificate, years of previous service.

(*k*) Give name and address of nearest relative or friend.

(*l*) Enter religion.

(*m*) Eyes: Blue, gray, blue-gray, yellow-gray, hazel (light brown), dark brown, bicolored (as when the pupillary border is of a different color from rest of iris); also state when the two eyes are of different colors.

(*n*) Hair: Flaxen, sandy (yellowish red), auburn (reddish brown), brown (light, dark, or very dark), black; also whether thin, bald, straight, curly, or woolly.

(*o*) Complexion is not to be described as simply "light" or "dark," but the character and degree shall be as accurately stated as possible; as complexion, pallid, sallow, fair (only when decidedly clear), ruddy, florid, dark (tawny, sunburnt, or tanned), very dark (swarthy or dusky), mulatto, negro.

(*p*) Height to be expressed in inches; the body to be erect, the chin neither elevated nor depressed, the feet and knees touching, legs stiff, and arms hanging perpendicularly.

(*q*) Weight, body nude, or allowance made for clothing worn. Accuracy of scales to be ascertained before using.

(*r*) Vision to be expressed as a fraction, of which the numerator will be the distance at which Snellen's 20-foot test can be determined, and the denominator 20.

(*s*) Hearing is to be expressed as a fraction, of which the numerator will be the distance in feet a whispered voice can be heard, and the denominator 15.

(*t*) Circumference of thorax to express the mean of the greatest circumference after forced inspiration and of the least after forced expiration, measured by a tapeline horizontally at the precise level of the nipples; the difference between the greatest and least circumference to be entered as expansion.

(*u*) Teeth missing or useless shall be indicated by marking the dental formula as noted.

(*v*) Remarks: Note any prominent physical trait not inconsistent with bodily vigor or not in such degree as to constitute cause for rejection—leanness or the reverse; hirsuteness; slight asymmetry of body or limbs, knock-knees, bowlegs, or flat feet; peculiarities of teeth and genitalia; slight varicocele, etc. In this connection examiners are to remember that imperfections that might pass in a man should reject boys.

(*w*) Marks and scars should be indicated as required on the printed outline figure.

(*x*) Enter the date and nature of any waiver requested.

(*y*) Finally sign the record in the space provided. Corrections made subsequent to enlistment to be entered in red ink and initialed.

2242. This record shall be prepared for each officer and enlisted man of the Navy and Marine Corps and for members of the Nurse Corps.

2243. When an enlisted man is given a warrant or is commissioned the medical officer under whose professional care the individual comes is charged with opening a new record.

2244. A green record shall be opened by the superintendent of the Nurse Corps for each nurse when appointed, utilizing such entries as may be appropriate.

2245. No health records are to be opened for members of the Naval Auxiliary Service, but when admitted to the sick list by a naval medical officer a record of the case, with a statement as to the origin of the disability, shall be kept on medical history leaves from a health record, continued until the termination of the case, and then forwarded to the Bureau of Medicine and Surgery.

2246. The medical record of retired officers and enlisted men shall be kept on medical history leaves from a health record, to be continued until the termination of the case, and then forwarded to the Bureau of Medicine and Surgery. Such records must show an expression of opinion as to whether or not the disability is traceable to service on the active list.

2247. Medical histories of supernumeraries not belonging to or connected with the naval service, such as natives in the insular possessions (not enlisted natives in insular forces), are not to be forwarded to the bureau. (See par. 2293.)

2248. This record is to be in the custody of the senior medical officer of the ship or station to which the individual is most directly attached, who is responsible for its care, continuance during the term of service of the individual, and its further disposition.

2249. The medical history leaves are for entries relative to the medical record only. Each leaf is to be numbered consecutively and the name in full of the individual and place entered thereon. In every case the ship or station at which the entry is made must be evident. Entries may be typewritten, but must be signed by the medical officer by whom or for whom entered. The senior medical officer shall approve, disapprove, or may modify all entries made during his term of duty as such.

2250. Entries on the medical history shall be made when the individual is admitted to the sick list, or as a note when applying for treatment for a disability not requiring an admission to the official sick list, and where such disability has a possible bearing on the future claim for pension.

2251. When appearing before a board involving a physical examination the medical member thereof shall cause an entry to be made of the findings and recommendations of the board.

2252. All infections of a venereal nature must be regularly admitted to the sick list, if only for record.

The appropriate circular, from among those issued by the Bureau of Medicine and Surgery, should be given to each patient suffering from a venereal disease.

The advisory or warning circular on venereal diseases should be distributed to the crew at frequent intervals, especially in connection with periodic instruction on personal hygiene, etc.

2253. (*a*) The administration of typhoid prophylaxis and vaccinations shall be noted or stamped under "Vaccinations" and in the "abstract of health record," in red ink, at the ship or station where the procedures are begun or completed.

(*b*) The attention of all medical officers is called to the importance of carrying out with great care the instructions relative to entries of vaccination and the administration of typhoid prophylactic on the health records of all officers and men receiving such treatment. Failure to make such entries on the health records may impair military efficiency to a serious degree. (Bureau M. & S. 124527, 124680.)

2254. The medical history entries shall state specifically and definitely whether or not the disability for which the patient is admitted to the sick list was incurred in the line of duty, and whether or not it was the result of his own misconduct. Under no circumstances are these statements to be omitted. Before making such entry the medical officer shall carefully consider the Navy or Marine Corps service of the patient and all obtainable evidence bearing on the case, and all circumstances directly or remotely connected with the origin of the disability shall be carefully investigated. The time and place of occurrence, the dates between which there was exposure to a morbific cause, should be given. Whether considered to have originated in the line of duty or not in the line of duty, state all facts that can be elicited, distinguishing between the testimony of the patient and that of any other witnesses and in express terms accepting or rejecting such testimony and the reason therefor.

Strike out text of paragraph 2255 and insert:

Article 2902, Regulations for the Government of the Navy, directs that (1) medical officers making entries in the health record or on reports of death or reports of medical survey of officers or enlisted men of the Navy or Marine Corps for disease or injury shall state specifically whether such disease or injury was received in the line of duty or not in the line of duty, and when not in the line of duty whether the disease or injury is the result of his own intemperate use of drugs or alcoholic liquors or other misconduct.

(2) When the medical officer having the custody of the health record of an officer or enlisted man of the Navy or Marine Corps enters on such record that any disability for which such officer or enlisted man is admitted to the sick list was not received in line of duty, or was the result of his own intemperate use of drugs or alcoholic liquors or other misconduct, it shall be the duty of such medical officer to inform the patient when such an adverse entry is made, provided the condition of the patient does not make such action inadvisable. He shall inform the commanding officer at the same time, and the procedure then shall be as prescribed in paragraph 4.

(3) It shall likewise be the duty of the senior member of any board which makes a similar adverse record relative to the origin of any disease or injury to inform the individual concerned of such record. In the case of a board of medical survey the statement in rebuttal should not be incorporated in the body of the survey but forwarded as a separate paper.

(4) It shall then be the right of such individual to request the commanding officer to have entered on the health record bearing such an adverse entry such evidence in rebuttal as he may desire to present. A copy of such entry and evidence shall then be forwarded to the Bureau of Medicine and Surgery for filing.

(5) In the event of the condition of the individual being such as to render it impracticable or inadvisable to inform him of such adverse entry, this fact shall be noted on his health record, and he shall be so informed so soon as circumstances permit, such action being noted on the record when taken.

(6) In the event of the death of a person in the naval service in which the commanding officer does not approve of the assigned origin of the fatal illness or injury as given in the official report of death, it shall be his duty to indorse thereon his opinion and the reasons therefor, the report being then forwarded to the Bureau of Medicine and Surgery for file.

(7) In the case of an officer or enlisted man of the Navy or Marine Corps in active service absent from duty on account of sickness or disease resulting from his own intemperate use of drugs or alcoholic liquors or other misconduct, when the commanding officer and medical officer are in accord the entry shall be final. Should the commanding officer and medical officer disagree, the former will call a board of officers of not less than two members, one of whom shall be a medical officer, to report upon and make recommendations in the case. The approval by the commanding officer of the findings of this board shall be final; but if the commanding officer disapproves the findings of the board the proceedings will be forwarded for the action of the next higher authority. A copy of the final decision in the case will be entered in the health record.

(8) Whenever an officer or enlisted man of the Navy or Marine Corps in active service is absent from duty on account of sickness or disease resulting from his own intemperate use of drugs or alcoholic liquors, or other misconduct, the medical officer having cognizance of the case shall prepare and forward to the commanding officer an admission "Misconduct report," and upon the individual being discharged to duty a discharge "Misconduct report." In the case of officers these reports shall be forwarded in duplicate, one for the commanding officer, the other via the commanding officer to the officer carrying the officer's accounts. In the case of enlisted men the reports shall be made in triplicate when necessary and forwarded through the commanding officer, one each for the commanding officer and the officer carrying the man's accounts, and the third for the officer having custody of the man's enlistment record.

from the service, and before the history leaves of an officer are forwarded to the bureau. Should the individual immediately reenlist the abstract should be removed from the old record and appended to the new one. Upon the receipt of information of reenlistment the Bureau of Medicine and Surgery will forward the abstract from previous health records.

2262. The health records of officers when promoted and upon termination of service shall be closed and forwarded to the bureau. In the case of promotion the medical officer closing the health record in the previous grade shall at once complete (enter date appointed) the opening of a new health record in the grade to which promoted. The abstract should be removed from the old record and appended to the new one.

2263. In case of loss or destruction of this record the medical officer will at once notify the Bureau of Medicine and Surgery and will immediately open a new record, supplying such information as may be available. Should it occur that the missing record is subsequently received the entries should be transcribed or the additional information inserted into the old record. Under no circumstances should material facts in the medical history fail to be recorded owing to the nonreceipt of the individual's record.

2264. In the event of an expedition for distant service where for any reason it is inadvisable for the individual health records to accompany the command, additional history leaves should be inserted between the covers of a blank record to its fullest capacity. The individual medical histories may then be kept on separate sheets to be subsequently inserted into proper records, or forwarded to the bureau for its files.

2265. This record is to be closed on the date and, if practicable, at the place where the person is actually attached when discharged or when the service is terminated, by filling the indicated entries. Physical defects not disqualifying for reenlistment should be entered under "Marks, scars, etc." Upon termination of service this record is forwarded as soon as practicable to the Bureau of Medicine and Surgery.

2266. When transferred from the ship or station the record is forwarded through the commanding officer to the medical officer of the ship or station to which transferred. In the case of an officer or enlisted man ordered before a board involving a physical examination it shall be forwarded to the senior member of such board for its consideration, the entry of the findings and recommendations of the board. Upon the completion of this physical examination the record is forwarded (*a*) to the medical officer of the ship or station to which assigned, (*b*) in case of officers unassigned, recommended to be granted sick leave, or to appear before another board, or other contingency when a proper destination is not apparent, to the Bureau of Medicine and Surgery. Also, when the individual is ordered to duty where there is no medical officer, or granted leave, or otherwise permanently removed from the observation of the medical officer having custody of this record, it shall be forwarded to the Bureau of Medicine and Surgery, with a statement of the reasons therefor.

2267. A record of dental treatment will be kept on a sheet to be inserted in the health record immediately following sheets for the "Medical history." This sheet will be entitled "Dental record," and will contain a record of the condition of patient's teeth when first examined by a dental officer and a record of all subsequent dental operations and treatment.

2268. When a patient is under dental treatment the dental record will be detached and sent to the dental officer concerned. Upon completion of treatment the dental officer shall make the necessary entries over his own signature and return the dental record to the medical officer having charge of the

2269. Should it appear necessary to admit a patient to the sick list the dental officer will report the circumstances to the medical officer concerned, who will enter the case on his records in the customary manner.

2270. Dental officers will retain an abstract of all dental treatment in order to make a quarterly report to the Bureau of Medicine and Surgery, using for

2254. The medical history entries shall state specifically and definitely whether or not the disability for which the patient is admitted to the sick list was incurred in the line of duty, and whether or not it was the result of his own misconduct. Under no circumstances are these statements to be omitted. Before making such entry the medical officer shall carefully consider the Navy or Marine Corps service of the patient and all obtainable evidence bearing on the case, and all circumstances directly or remotely connected with the origin of the disability shall be carefully investigated. The time and place of occurrence, the dates between which there was exposure to a morbific cause, should be given. Whether considered to have originated in the line of duty or not in the line of duty, state all facts that can be elicited, distinguishing between the testimony of the patient and that of any other witnesses and in express terms accepting or rejecting such testimony and the reason therefor.

Strike out text of paragraph 2255 and insert:

Article 2902, Regulations for the Government of the Navy, directs that (1) medical officers making entries in the health record or on reports of death or reports of medical survey of officers or enlisted men of the Navy or Marine Corps for disease or injury shall state specifically whether such disease or injury was received in the line of duty or not in the line of duty, and when not in the line of duty whether the disease or injury is the result of his own intemperate use of drugs or alcoholic liquors or other misconduct.

(2) When the medical officer having the custody of the health record of an officer or enlisted man of the Navy or Marine Corps enters on such record that any disability for which such officer or enlisted man is admitted to the sick list was not received in line of duty, or was the result of his own intemperate use of drugs or alcoholic liquors or other misconduct, it shall be the duty of such medical officer to inform the patient when such an adverse entry is made, provided the condition of the patient does not make such action inadvisable. He shall inform the commanding officer at the same time, and the procedure then shall be as prescribed in paragraph 4.

(3) It shall likewise be the duty of the senior member of any board which makes a similar adverse record relative to the origin of any disease or injury to inform the individual concerned of such record. In the case of a board of medical survey the statement in rebuttal should not be incorporated in the body of the survey but forwarded as a separate paper.

(4) It shall then be the right of such individual to request the commanding

from the service, and before the history leaves of an officer are forwarded to the bureau. Should the individual immediately reenlist the abstract should be removed from the old record and appended to the new one. Upon the receipt of information of reenlistment the Bureau of Medicine and Surgery will forward the abstract from previous health records.

2262. The health records of officers when promoted and upon termination of service shall be closed and forwarded to the bureau. In the case of promotion the medical officer closing the health record in the previous grade shall at once complete (enter date appointed) the opening of a new health record in the grade to which promoted. The abstract should be removed from the old record and appended to the new one.

2263. In case of loss or destruction of this record the medical officer will at once notify the Bureau of Medicine and Surgery and will immediately open a new record, supplying such information as may be available. Should it occur that the missing record is subsequently received the entries should be transcribed or the additional information inserted into the old record. Under no circumstances should material facts in the medical history fail to be recorded owing to the nonreceipt of the individual's record.

2264. In the event of an expedition for distant service where for any reason it is inadvisable for the individual health records to accompany the command, additional history leaves should be inserted between the covers of a blank record to its fullest capacity. The individual medical histories may then be kept on separate sheets to be subsequently inserted into proper records, or forwarded to the bureau for its files.

2265. This record is to be closed on the date and, if practicable, at the place where the person is actually attached when discharged or when the service is terminated, by filling the indicated entries. Physical defects not disqualifying for reenlistment should be entered under "Marks, scars, etc." Upon termination of service this record is forwarded as soon as practicable to the Bureau of Medicine and Surgery.

2266. When transferred from the ship or station the record is forwarded through the commanding officer to the medical officer of the ship or station to which transferred. In the case of an officer or enlisted man ordered before a board involving a physical examination it shall be forwarded to the senior member of such board for its consideration, the entry of the findings and recommendations of the board. Upon the completion of this physical examination the record is forwarded (*a*) to the medical officer of the ship or station to which assigned, (*b*) in case of officers unassigned, recommended to be granted sick leave, or to appear before another board, or other contingency when a proper destination is not apparent, to the Bureau of Medicine and Surgery. Also, when the individual is ordered to duty where there is no medical officer, or granted leave, or otherwise permanently removed from the observation of the medical officer having custody of this record, it shall be forwarded to the Bureau of Medicine and Surgery, with a statement of the reasons therefor.

2267. A record of dental treatment will be kept on a sheet to be inserted in the health record immediately following sheets for the "Medical history." This sheet will be entitled "Dental record," and will contain a record of the condition of patient's teeth when first examined by a dental officer and a record of all subsequent dental operations and treatment.

2268. When a patient is under dental treatment the dental record will be detached and sent to the dental officer concerned. Upon completion of treatment the dental officer shall make the necessary entries over his own signature and return the dental record to the medical officer having charge of the

2269. Should it appear necessary to admit a patient to the sick list the dental officer will report the circumstances to the medical officer concerned, who will enter the case on his records in the customary manner.

2270. Dental officers will retain an abstract of all dental treatment in order to make a quarterly report to the Bureau of Medicine and Surgery, using for

this purpose the special sheet of Form K. This sheet will be forwarded with the statistical report (Form K) of the ship or station to which the dental officer is attached. (Par. 1037.)

2271. For the purpose of recording operations and treatment of teeth and the keeping of dental records the following classification of the teeth, cavities, and fillings will be used:

(*a*) Classification of teeth:

1. Right superior third molar.
2. Right superior second molar.
3. Right superior first molar.
4. Right superior second bicuspid.
5. Right superior first bicuspid.
6. Right superior cuspid.
7. Right superior lateral incisor.
8. Right superior central incisor.
9. Left superior central incisor.
10. Left superior lateral incisor.
11. Left superior cuspid.
12. Left superior first bicuspid.
13. Left superior second bicuspid.
14. Left superior first molar.
15. Left superior second molar.
16. Left superior third molar.
17. Right inferior third molar.
18. Right inferior second molar.
19. Right inferior first molar.
20. Right inferior second bicuspid.
21. Right inferior first bicuspid.
22. Right inferior cuspid.
23. Right inferior lateral incisor.
24. Right inferior central incisor.
25. Left inferior central incisor.
26. Letf inferior lateral incisor.
27. Left inferior cuspid.
28. Left inferior first bicuspid.
29. Left inferior second bicuspid.
30. Left inferior first molar.
31. Left inferior second molar.
32. Left inferior third molar.

(*b*) Classification of surfaces:

E. External.
I. Internal.
O. Occlusal.
M. Mesial.
D. Distal.

Example: The classification of cavities is effected by the use of the initial letter of the surface. 25–E would indicate a simple cavity on the external or labial surface of the left inferior central incisor. 30–EIO would indicate a compound cavity of the externo-interno-occlusal surface of the left inferior first molar.

(*c*) Classification of filling material:

Tin.
Am.: Amalgam.
Cem.: Cement.
Gp.: Gutta-percha.

Example: 14–E–Tin would indicate that a simple cavity on the external or buccal surface of the left superior first molar had been filled with tin. 5–MO–Cem. would indicate that a compound cavity of the mesio-occlusal surface of the right superior first bicuspid had been filled with cement.

(*d*) Other operative procedures should be written in full, such as "abscess lanced," "calculus removed," "gums lanced," "pulp capped," "pulp devitalized," "pulp extirpated," "root canal filled," "tooth extracted," "tooth treated," etc.

Section 4.—Detailed Directions Regarding the Health Records of Enlisted Men.

2281. The health record will accompany an enlisted man throughout his current enlistment. It will be retained by the medical officer of each ship and station to which the man may be attached, and each officer will be responsible for its proper care, continuation, and further disposition. When a transfer of a man occurs the health record is to be forwarded, through official channels, to the medical officer at his destination, or, if this is impracticable, to the medical officer of the ship or station where the man's service record is kept. Should a transfer to hospital be required prior to the arrival of the patient's health record, a record of the illness may be made on loose medical history sheets, stating the necessity for this procedure, and transmitted with other papers to the hospital, pending arrival of the health record proper. Upon termination of service the record will be at once completed by making the proper entries and forwarded to the Bureau of Medicine and Surgery. The medical history is retained for the bureau's files and, in case of reenlistment, the "abstract of

health record" will be reissued, to be appended by medical officer receiving it to the new health record. In case of immediate reenlistment the abstract is removed from the old record and inserted in the new record.

2282. If a record is lost or destroyed a new one is to be opened immediately by the first medical officer aware of such loss, who will note the fact and continue the medical history from that date, with such previous data as may be obtainable. If the old record be found detach all history from the new and attach it to the old record.

2283. As the medical history is continuous, care must be taken to indicate the name of the man and of the ship or station on each sheet to which subsequent entries apply. Daily entries of the progress of the illness are not obligatory, but will be made as often as circumstances require, giving concisely all essential details regarding symptoms, course, and treatment. All facts relating to the origin of disease or injury should be noted, and if a conflicting opinion is subsequently expressed by the same or some other medical officer the reasons for such change must be fully stated. The provisions of article R 2902, Navy Regulations, shall be carefully observed. Continuance or absence of disability will be stated when patient is discharged to duty or from the service.

2284. The following abbreviations shall be used on the left margin of the medical history sheets:

A, admitted.	DD, died.
RA, readmitted.	IS, invalided from service.
D, discharge to duty.	R, ran (deserted).
C, diagnosis changed.	T, transferred.

Note.—Abbreviations used in the margin of the medical history sheets of the health record are interpreted as follows:

Admitted: All original admissions.

Readmitted: Every subsequent admission for the continuance of the same disability. When a patient is received by transfer he shall be taken up as a readmission with the disability under which transferred.

Discharged to duty: All cases restored to duty. Patients granted leave of absence to begin upon discharge from treatment shall be noted as to duty D.

Diagnosis changed: When a change of diagnosis is required, for an evidently erroneous diagnosis, the manner of discharge shall be indicated by the letter C. The same letter shall be used when a diagnosis is changed by reason of the intervention of another distinct disability, provided the patient has not recovered or is unlikely to recover from the former disability. Examples: (*a*) A case is admitted with sprain of joint and is later determined to be a fracture; discharge as C and admit A with fracture. (*b*) A patient under treatment for tuberculosis receives an injury; discharge as C and admit A with the injury, then when considered fit in all respects for duty, so far as the injury is concerned, discharge to duty D and readmit RA with tuberculosis. If for any reason a termination of service takes place by death or survey on account of tuberculosis and the injury remains unhealed, then the case shall show the disposition of the injury as C and readmission RA with tuberculosis, the object being to show that termination of service was on account of tuberculosis and not the intercurrent injury.

Died: Discharged on account of death. Should death result from a disability other than that with which the patient is carried on the sick list, the case should be disposed of as C and admitted A with the direct cause of death and immediately disposed of as DD.

Invalided from service: Termination of service of an enlisted man through an approved recommendation of a board of medical survey, that of a midshipman for physical disability, or that of an officer placed on the retired list by reason of physical disability.

Note.—Only the place from which actually discharged from the service shall use this disposition; e. g., a hospital, station, or ship surveys a man and recommends his discharge from the service, but the actual discharge takes place on

a receiving ship or other station; such hospital, station, or ship shall show the disposition of this case as transferred T and the place to which transferred, shall readmit RA the case, and dispose of it as IS on the date of actual discharge from the service.

Ran: Termination of service through desertion.

Transferred: Indicates the disposition of a patient to another place. The same designation shall be used to indicate the disposition of an officer discharged from the sick list and ordered to appear before a retiring board or sent to sick leave, also patients discharged by reason of expiration of enlistment while on the sick list.

Patients transferred to other than United States naval institutions shall not be discharged from the sick list; they shall be recorded in all respects as though they were at the station, yard, or on board the ship from which sent, unless the service record of the man is transferred or the officer detached, in which event the case shall be disposed of T and the health record forwarded in accordance with instructions. Cases sent to or received from other than United States naval institutions shall at once be reported to the Bureau of Medicine and Surgery by letter, giving the name in full, rate, diagnosis, and date transferred.

The name of the place to which a patient is transferred shall always be clearly stated on all Medical Department records.

2285. Trivial affections not requiring admission to the sick list may be indicated by a note. For ordinary cases the following examples indicate the data required:

U. S. S. *Montana.*

A. June 10, 1910. Tonsillitis, acute follicular. Origin in the line of duty; exposure on watch. Mild attack.
D. June 12, 1910. Well.
2.

Note. June 19, 1910. Wound (lacerated). scalp. Injured while coaling ship. Wound sutured and dressed.

C. D. Browne,
Passed Assistant Surgeon, U. S. N.

A. July 20, 1910. Hernia (inguinal) complete, left. Origin in the line of duty. Hernia reduced and retained temporarily by spica bandage.
T. July 25, 1910. To Naval Hospital, Chelsea, Mass.
5.

A. B. Smith,
Assistant Surgeon, U. S. N.

Approved.
C. D. Jones,
Surgeon, U. S. N.

Naval Hospital, Chelsea, Mass.

RA. July 25, 1910. Hernia (inguinal), left. Origin not in line of duty. Article R 2902 complied with. According to patient's accepted statement, injury existed prior to enlistment.
July 28, 1910. Bassini operation; ether anesthesia; no complications. Patient reacted well after operation.
August 10, 1910. Convalescent.
August 25, 1910. Up and about.
D. September 15, 1910. Cured.
52.

E. F. Andrews,
Passed Assistant Surgeon, U. S. N.

Approved.
G. H. Phelps,
Medical Director, U. S. N., in Command.

2286. No forms, reports, photographs, or folded papers should be attached to or inserted in the health record. In the case of medical survey, a brief entry will be made of the board's findings and recommendations. Entries should be made of all physical examinations, such as are required for change of rating from seaman branch to fireman third class, for aviation duty, for diving, for use of the smoke, helmet, etc.

2287. To prevent breakage, avoid repeatedly opening the metal clips. Slips must not be removed unnecessarily, and when new ones are attached, provide enough for all reasonable requirements.

2289. The health record of an insane patient accompanies the patient and is left in charge of the institution to which he is committed, with a request that a concise history of the case be continued therein. If a medical officer of the Navy is assigned to the institution, it will be his duty to care for such records and continue the case histories of all naval patients. The medical officer of the receiving ship or barracks at Mare Island, Cal., where service records are retained, has official charge of the health records of insane patients at a State hospital. He should request information regarding the condition of patients from time to time in order to make necessary entries, and upon discharge or transfer close the record and forward it to the bureau.

2290. If for any reason it becomes necessary to forward a health record to the bureau other than for termination of service, it shall be accompanied by a letter stating the reason.

2291. In the cases of stragglers declared deserters subsequently surrendering, the health record will be returned from the bureau upon request. In the cases of stragglers from other ships or stations, the health record should be requested and, until its receipt, any medical history should be entered on loose leaves for subsequent insertion into the record.

2292. For enlisted men or marines to be embarked on an Army transport, if not provided with them, health records should be opened and entries of vaccinations made.

2293. Upon the admission of a supernumerary a medical history sheet from a health record shall be opened and kept as prescribed for enlisted men. When discharged, such histories should be forwarded to the bureau, and in case of the death of a supernumerary, a death report shall be forwarded. (See par. 2247.) In cases of rejection of an applicant for enlistment whose admission to hospital for removal or cure of disqualification is recommended, a record shall be kept on medical history leaves and forwarded to the bureau if the candidate is not finally enlisted. If enlisted, such record should be embodied in a health record.

2294. In the case of a man extending his enlistment, his health record shall be continued until the service covering the extension has terminated. Every man extending his enlistment must pass the same physical examination as is required for reenlistment and be vaccinated. (Sec. 2086 (*c*).)

2295. When men are transferred to the Fleet Naval Reserve (class 1 (*c*) or (*d*)) their health records in the regular service shall be closed by noting on the page under "Termination of service" all the entries and stating "By reason of" transfer to Fleet Naval Reserve, class 1 (*c*) or (*d*), as the case may be.

The descriptive list and abstract of health record should be copied in a new health record and the old one then forwarded to the Bureau of Medicine and Surgery and the new one, marked on its face "Fleet Naval Reserve," forwarded, as required, to the commanding officer of the recruiting district concerned.

2296. Upon the granting of a furlough without pay, as authorized by the act of August 29, 1916, note showing action should be made on the sheet used for closing health record and signed by the medical officer. The current health record should then be forwarded to the Bureau of Medicine and Surgery. A copy of the descriptive list (first page of health record) should be made and, together with the "Abstract of health record," forwarded to the place where the service record is sent. (Gen. Ord. No. 231.)

2297. New health records will be opened for all officers and enlisted men. Where Navy health records have been adopted as "State health records," a copy of entries in the vaccination, typhoid prophylactic, and dental records, and in the abstract of health record, will be entered in the proper places in the new health record. The State health record will be closed and forwarded to the Division of Naval Militia Affairs. The new health record shall have noted on its face in red ink, "Naval Militia in the service of the United States."

Section 5.—Detailed Directions Regarding the Health Records of Officers (Warrant and Commissioned).

2301. An officer's health record must accompany him throughout his service, its care and disposition being, in general, the same as that prescribed in the case of enlisted men.

2302. If an officer is on detached duty or waiting orders, his health record will be forwarded to the bureau by the medical officer of the ship or station. All officers are required to notify the medical officer of their detachment, promotion, orders before board of medical survey, or board for promotion, retirement, or examination for special duty (aviator). (Art. I 708 (2).)

2303. (*a*) When an officer is ordered before a board for promotion or retirement his health record shall be forwarded to the president of the board for the findings of the board to be entered therein, to be subsequently sent to the appropriate medical officer for continuance or final disposition. When examined for promotion, if physically qualified, the board will at once open a new health record. (See par. 2262.) The new health record shall then be forwarded with the old one as noted above.

(*b*) In the case of an officer recommended for appointment from civil life or of a midshipman entering the Naval Academy, the board will proceed with the new health record as provided for in the case of promotion.

2304. Upon termination of service by retirement or otherwise, the health record is closed and, with abstract appended, should be forwarded at once to the Bureau of Medicine and Surgery.

2305. The medical history is kept in the same manner as that for enlisted men, but the disposition of this portion of the health record differs as follows:

On the first of each year all pages containing medical history entries made during the preceding 12 months shall be detached and forwarded at once to the Bureau of Medicine and Surgery. If an officer is on the sick list at the time, this procedure may be delayed until he is discharged to duty. The abstract is retained and kept up to date in all cases.

2306. In the case of midshipmen the health record is retained intact until termination of service as midshipman. (I 5247 (2).)

Section 6.—Health Records of Syphilitics (Enlisted Men).

2307. To make the records of syphilitic patients uniform and complete and to facilitate accurate, progressive, scientific treatment by enabling each medical officer to know exactly when and how diagnosis was established and how far treatment has advanced:

A syphilitic abstract sheet (yellow) will be filled out and inserted into the health record of every enlisted man requiring it. Every new case shall have such a sheet begun by the medical officer making the original diagnosis and beginning treatment. For every syphilitic already under treatment the sheet shall be made out by the medical officer now having charge of his case. The syphilitic abstract is inserted as the last page in the health record. It follows the same course as the abstract of health record. It does not replace any part of the health record or medical history, but is in addition to them.

Whenever a diagnosis of syphilis is made it is the duty of the medical officer to explain carefully and fully the nature of the infection and the course of conduct and treatment necessary to a cure, and to convince the patient that he

has the infection. The patient is then requested to sign the statement in the "abstract" and if he declines to do so an entry to that effect is made in the first line of "Description."

Under the caption "Description" should be entered and briefly described the lesions existing at time diagnonis was made, or soon thereafter, so that, taken with the data under "Diagnosis," the existence of the disease can not be controverted in after years.

Below "Description" should be entered, as they are made, the various serum tests, using abbreviations, if necessary, No. for Noguchi, Wa. for Wassermann, followed by plus or minus and figures. On the other side of the sheet give a summary of treatment up to time of transfer of the man or detachment of the medical officer having charge of the case. Thus:

Vermont: 1.3.1917—2.6.1918.
Salvarsan, 3 doses, .6 grams each. Mercury, 12 injections, .01 grammes bichloride.
Inunctions daily for one month. Special treatment iritis (l.) 3.1917.
Good results. J. Doe.

The data necessary for this sheet can, during the course of treatment, be recorded in rough, as each medical officer prefers, using blank books or card index so as to permit rapid entries at time of transfer.

Section 7.—Errors and Omissions.

2308. (*a*) The attention of all medical officers is called to the great number of errors, omissions of necessary data, and the improper disposition of the health records of officers and enlisted men. The printed instructions explain very fully all the necessary entries and proper disposition to be made of it, and it is only necessary for the medical officer to read carefully and follow these instructions to prevent errors and omissions and to keep the record from being lost or going astray.

(*b*) Whenever a health record is received, the medical officer should examine it carefully, correct all errors, supply all omissions as far as practicable, and, when necessary, communicate with medical officers in whose custody it formerly was for the data necessary to correct and complete the record to date.

(*c*) When there is no health record of an officer or man on file at his station, the medical officer should endeavor to find out of there is one elsewhere, and, if not, he should open a record at once.

(*d*) Medical officers should keep themselves informed of the changes in the personnel of their stations and promptly dispose of the health records, otherwise the records of those transferred will accumulate and not be forwarded to their proper destinations.

(*e*) Health records should be forwarded promptly through official channels to their proper destination and not transmitted by officers or enlisted men.

(*f*) In the case of a man extending his enlistment, his health record shall not be closed and forwarded until his service covering the extension has been terminated.

(*g*) When corresponding with the bureau relative to personnel, the Christian and surname and the grade or rank should be stated in full, especially when writing with reference to the health records.

(*h*) If it becomes necessary to forward a health record to the bureau for any reason not stated therein, it should be accompanied by a letter of explanation.

(*i*) The bureau directs that particular attention be given to the following entries in the records:

(1) Rank or rating frequently omitted or not correctly given on cover.

(2) Data required not given in full on first and second pages and signature of medical officer often does not appear.

(3) Promotion of officer or termination of service of enlisted man often omitted on page for that purpose.

(4) Number of enlistment not marked.

(5) Name of patient not given on each sheet of medical history.

(6) Name of man omitted from abstract.

(7) Medical officers often initial and do not sign abstracts.

(8) Abstracts often do not show data of attachment or detachment.

(9) In cases of immediate reenlistment the abstract is often not detached from old and attached to new record.

(10) Administration of typhoid prophylactic frequently omitted from abstract.

(*j*) Each quarter a careful inventory should be made of the health records on file to determine if they correspond with the muster roll. (M. and S. No. 124680.)

(*k*) Entries about smallpox vaccination scars omitted.

SECTION 8.—NAVY REGULATIONS AND NAVAL INSTRUCTIONS RELATING TO THE JOURNAL OF THE MEDICAL DEPARTMENT.

2311. Monthly entries at shore stations. R 2901 (2).

2312. Commanding officer will inspect whenever he considers it necessary. I 2619 (2).

2313. Inspection of medicines, etc., at hospitals to be entered in journal. I 3225.

2314. Officer of day to keep journal. I 3227 (2).

2315. Examination of water to be recorded in journal. I 2112.

2316. Every hospital ship and station to keep journal. I 3251; I 3252.

2317. All changes in the status of personnel of the Nurse Corps are subjects for entry in hospital journal. (M. & S. No. 123093.)

2318. The senior medical officer of a ship, station, hospital, or other place of duty shall keep, or cause to be kept, by a medical officer, a journal which shall be a complete, succinct record of affairs coming within the province of the Medical Department other than the medical history of individuals which is recorded in the health records. For example, official inspections of the ship or station, of the ship's company, the movements of a cruising ship, deaths, inquests, autopsies, sanitary and other reports and recommendations by the medical officer, inspections of food and water, the vaccination of the personnel, and the administration of typhoid prophylactic, and the presence of an epidemic. The forwarding of requisitions and the receipt of stores, the loss or destruction of medical or surgical supplies, and changes in the personnel of the Medical Department should also be entered in the journal.

The journal should be retained as a permanent record until a ship goes out of commission or station is closed, when it shall be forwarded to the bureau. (I 2124 (1) *c*.)

2319. The medical officer of a shore station shall see that a proper record of all births occurring within the limits of the station is entered in the medical journal.

SECTION 9.—NOMENCLATURE OF DISEASES AND INJURIES.

2321. The following list of diseases and injuries shall be used for the official recording of disabilities and in all returns to the Bureau of Medicine and Surgery. (Par. 2359.)

2322. The object of the adoption of this nomenclature is:

(*a*) To allow more latitude in diagnosis by providing a list of titles of disabilities to which adult males are subject.

(*b*) To furnish a list of titles with which the medical profession of the United States is, or probably will be, the more familiar.

(*c*) To secure information as to the cause of injuries.

2323. This list is composed of titles accepted by the committee on clinical records of the Bellevue Hospital, of New York City, with some changes deemed desirable for naval use. The list is arranged alphabetically, and separately for diseases and injuries. The class and international numbers are given for reference only, not for use.

2325. For the titles of all injuries (wounds, etc., and poisons) a key letter referring to the cause under which the injury was received is required on all forms. In the health record and on forms not specially ruled the key letter is to follow the title, as "Wound, gunshot, neck (K)," etc.

2326. In the health record the key letter is to follow the title as "Wound, gunshot (A)," indicating that it was inflicted with suicidal intent; the same title with (B) would show that it was homicidal, while, if received in action, the key letter (K) would be used.

2329. The following points are to be observed in assigning a diagnosis:

(*a*) The class and international numbers are given for reference only, not for use.

(*b*) Titles in italics, which are symptoms, are not to be used except when the primary disability is not determined.

(*c*) When two or more morbid entities exist, preference shall be given to (I) an infective disease; (II) the graver affection; and (III) a primary disability over a complication.

2331. (*a*) Certain titles followed by the word "unqualified" are intended to cover such cases of those disabilities for which no other title is provided and where occurring the word "unqualified" shall be substituted by the site of the disability or the principal organ affected, as abscess of neck, etc., or for instance epididymitis or orchitis, when due to a gonococcus infection should be returned as Gon. inf. of epididymus and Gon. inf. of testicle.

(*b*) All gonococcal, syphilitic, and chancroidal infections must be recorded under these titles, and titles such as cystitis acute, epididymitis acute, gonecystitis acute, orchitis acute, urethritis acute, etc., must not be used as primary diagnoses when due to venereal infection.

2332. The proper use of the titles "Malingering," "No disease," and "Diagnosis undetermined," is as follows: The first is when a patient claims to be ill or unduly exaggerates a disability when the medical officer is of the opinion that there is none or only slight actual disability; "No disease" is to be used for individuals who for any reason have to be carried on the Medical Department returns, as for rations or as "suspects" under observation for infectious diseases, do not claim to be sick and are not regarded as such by the medical officer; and "Diagnosis undetermined" is to be used when there is an evident disability present, the nature of which is, at the time, not evident.

2333. No other titles than those of the following list are to be used in official returns to the bureau.

2334. Inasmuch as a correct translation of naval vital statistics of injuries into those of the international classification requires an arrangement according to causes, it is necessary that the returns show the cause as well as the nature of the injury.

2335. The classification of causes desired by the bureau is as follows:

A. Suicidal.

B. Homicidal.

C. Conflagration. Includes all injuries incident to general conflagration. Burns otherwise received are not classed hereunder.

D. Accidental drowning or submersion.

E. Traumatism by firearms, accidental. To include all injuries caused by the projectile, the blast from great guns, or from the piece when fired.

F. Traumatism by explosion. To include powder, gas, compressed air, or steam explosions, also the explosion of a gun.

G. Traumatism by fall.

H. Traumatism by machines.

I. Traumatism by other crushing.

J. Traumatism due to athletic sports.
K. Casualty in action against organized enemy.
L. Traumatism due to violence other than noted above.

2336. The above key letters are to be used for example, as follows: Wound, gunshot, of brain (A), showing that it was inflicted with suicidal intent; (B) that it was homicidal, while if received in action the entry appears as (K). Accidental drowning or submersion should appear with the suffix (D), while if due to the destruction of a ship by fire as (C); if incident to the explosion of a magazine as (F), unless the same is incident to action, when it should appear as (K).

2353. A diagnosis shall not be altered on the returns after a case has been closed and the patient transferred unless authorized by the bureau.

2354. Diagnosis undetermined: In order to provide for the admission to the sick list and *transfer* of patients where, owing to insufficient time or lack of clinical apparatus, it is impracticable for the medical officer to make other than a tentative diagnosis, the use of the designation "Diagnosis undetermined" is made.

The object is to prevent the recording of diagnoses which are subsequently proved to be erroneous and which at times operate detrimentally to the future professional prospects of the patient.

Under no circumstances shall a case of diagnosis undetermined be disposed of as to duty, died, invalided from service, hospital for the insane, hospital for tuberculosis, or to leave.

Place from which transferred: The case shall be originally entered as an admission and when disposed of should appear on Form F (rough) and F as "Diagnosis undetermined" and the other usual entries made. On Form K it shall be listed under "Disabilities" with diseases or injuries, as the case may be.

Place to which transferred: When a case with "Diagnosis undetermined" is received from some other place, it shall be taken up as a readmission (R. A.), but leave the diagnosis space open until established, then place it on the records. Cases taken up with "Diagnosis undetermined" and transferred to another place or continued to next year will, however, have to be reported to the bureau with "Diagnosis undetermined" on the records.

2355. Specialty key letters: The specialization of certain classes of naval work and the peculiar duties surrounding the nature of the work makes it desirable to inaugurate a system of special designations for diseases and injuries, and for this purpose the following key letters shall be used the same as key letters are now used for injuries.

R=Aeronautic duty. For diseases or injuries incident to actual flying.
S=Submarine duty. For diseases or injuries incident to actual maneuvering of or accident to the vessel.
U=Divers duty. For diseases or injuries incident to actual diving.

When used in connection with injury key letters, first give key letter for injury and follow by special key letter, e. g., drowning incident to flying (D–R); when in submarine, (D–S); or while diving, (D–U).

The specialty key letter shall not be used for all persons attached to special duty, but only in cases of actual specialty work—that is, a person attached to aeronautic or submarine duty who is disabled on ordinary occasions should not have a specialty letter.

No other than those given shall be used as prefixes for injuries and shall be followed, as required, by the site of the principal traumatism or organ injured.

Under poisons, follow the word poison by the name of the substance, and where more than one condition of poisoning is recognized state either acute or chronic.

2357. Medical officers on recruiting duty or at places from which the regular Forms F and K are not required, shall, when cases of illness or injury are brought to their attention, prepare and forward the original of Form F (rough) and retain the duplicate. Cards shall be sent to the bureau as soon as the

case is discharged to duty or otherwise disposed of. In the case of treatment of persons on leave from their regular ship or station the medical officer at the place to which the person is attached, as well as the bureau, shall be informed.

SECTION 10.—CLASSIFICATION.

2358. The "Navy class number" referred to in the following pages alludes to the classification as follows:

I. Diseases of blood.
II. Diseases of circulatory system.
III. Diseases of digestive system.
IV. Diseases of ductless glands and spleen.
V. Diseases of ear.
VI. Diseases of eye and annexa.
VII. Diseases of genito-urinary system (nonvenereal).
VIII. Diseases of infective type (nonvenereal).
IX. Diseases of infective type (venereal).
X. Diseases of lymphatic system.
XI. Diseases of mind.
XII. Diseases of motor system.
XIII. Diseases of nervous system.
XIV. Diseases of respiratory system.
XV. Diseases of skin, hair, and nails.
XVI. Herniæ.
XVII. Miscellaneous diseases and conditions.
XVIII. Parasites (fungi and certain animal parasites).
XIX. Tumors.
XX. Injuries.
XXI. Poisons.

The "international number" refers to the classification of diseases and injuries prepared by the International Commission (Paris, July 1 to 3, 1909).

These numbers are given for reference only, not for use.

CLASS I.—*Diseases of blood.*

Anemia, pernicious.
Anemia, simple.
Anemia, splenic.
Hemophilia.
Leukemia.
Polycythemia, chronic.
Purpura.
Purpura, hemorrhagic.

CLASS II.—*Diseases of circulatory system.*

Aneurism.
Aneurism, cirsoid.
Aneurism, of heart.
Aneurism, varicose.
Aneurismal varix.
Angina pectoris.
Aortitis.
Arterial sclerosis, general.
Atrophy of heart.
Bradycardia.
Dilatation, acute cardiac.
Dilatation, chronic cardiac.
Embolism.
Endocarditis, acute.
Endocarditis, chronic.
Fatty heart.
Heart block.
Hypertrophy of heart.
Mediastino-pericarditis.
Myocarditis, acute.
Myocarditis, chronic.
Palpitation, cardiac.
Pericarditis.
Pericardium, adherent.
Phlebitis.
Pneumopericardium.
Pyopneumopericardium.
Rupture of heart, spontaneous.
Tachycardia.
Thrombosis.
Valvular disease, chronic cardiac.
Varix.

CLASS III.—*Diseases of digestive system.*

Abscess about rectum.
Abscess of liver.
Abscess of omentum.
Abscess of pharynx.
Abscess of salivary gland.
Abscess of tongue.
Abscess, subphrenic.
Achylia gastrica.
Adhesions about gall bladder.
Adhesions about stomach.
Adhesions of peritoneum.
Angina ludovici.
Appendicitis, acute.
Appendicitis, chronic.
Artificial anus.
Atony of stomach.
Atrophy of liver, acute yellow.
Atrophy of pancreas.
Atrophy of stomach.
Atrophy of tongue.
Autointoxication, intestinal.
Calculus of pancreas.
Cardiospasm.
Caries of tooth.
Cholangitis, acute.
Cholangitis, chronic.
Cholecystitis, acute.
Cholecystitis, chronic.
Cholelithiasis.
Chyle cyst of mesentery.
Chylous ascites, nonfilarial.
Cirrhosis of liver, atrophic.
Cirrhosis of liver, hypertrophic.
Colitis, acute.
Colitis, chronic.
Concretions in salivary gland.
Concretion in tonsil.
Constipation.
Deformity of liver, acquired.
Deformity of palate, acquired.
Deformity of stomach, acquired.
Dilatation of esophagus.
Dilatation of stomach, acute.
Dilatation of stomach, chronic.
Displacement of liver.
Diverticulitis.
Diverticulum of esophagus.
Diverticulum of intestines, acquired.
Duodenitis.
Elongation of uvula.
Enteritis, acute.
Enteritis, chronic.
Enterocolitis.
Enterolith.
Esophagitis.
Fatty liver.
Fermentation, gastric.
Fermentation, intestinal.
Fissure of anus.
Fistula, biliary.
Fistula, fecal.
Fistula in ano.
Fistula of (salivary gland or duct).
Foreign body in esophagus.
Foreign body in intestines.
Foreign body in pharnyx.
Foreign body in rectum.
Foreign body in stomach.
Functional derangement of liver.
Gaseous tumor of parotid.
Gastritis, acute catarrhal.
Gastritis, chronic catarrhal.
Gastritis, acute phlegmonous.
Gastroduodenitis.
Gastroenteritis.
Gastroptosis.
Gingivitis.
Glossitis, acute.
Glossitis, chronic.
Hematemesis.
Hemorrhage, intestinal.
Hemorrhoids.
Hyperchylia, gastric.
Hypertrophy of tonsil.
Hyperchlorhydria.
Impacted feces.
Inflammation of salivary gland.
Nervous dyspepsia.
Neurosis, intestinal.
Neurosis of pharynx.
Obstruction, acute intestinal.
Obstruction, chronic intestinal.
Obstruction of pancreatic duct.
Obstruction of portal vein.
Pancreatitis, acute.
Pancreatitis, chronic.
Peritonitis, acute, general.
Peritonitis, acute, local.
Peritonitis, chronic, general.
Peritonitis, chronic, local.
Perihepatitis.
Perversion of appetite.
Pharyngitis, acute.
Pharyngitis, chronic.
Pneumophagia.
Proctalgia.
Proctitis.
Prolapse of rectum.
Pylephlebitis.
Pyloric incontinence.
Pylorospasm.
Pyorrhoea alveolaris.
Regurgitation of stomach.
Rumination

CLASS III.—*Diseases of digestive system*—Continued.

Rupture of esophagus, spontaneous.
Spasm of esophagus.
Spasm of rectum.
Splanchnoptosis.
Sprue.
Stenosis of gall duct.
Stenosis of pylorus.
Stomatitis.
Stomatitis, gangrenous.
Stricture of esophagus.
Stricture of intestine.
Stricture of pharynx.
Stricture of rectum.
Tonsillitis, acute follicular.
Tonsillitis, chronic.
Torsion of omentum.
Ulcer of duodenum.
Ulcer of intestines.
Ulcer of mouth.
Ulcer of rectum.
Ulcer of stomach.
Ulceromembranous angina.
Vomiting, recurrent.
Xerostomia.

CLASS IV.—*Diseases of ductless glands and spleen.*

Abscess of spleen.
Acromegaly.
Addison's disease.
Cretinism.
Exophthalmic goitre.
Goitre.
Hemorrhage into parathyroid gland.
Hemorrhage into suprarenal gland.
Infarct of spleen.
Myxedema.
Perisplenitis.
Persistent thymus gland.
Rupture of spleen, spontaneous.
Splenitis, acute.
Splenitis, chronic interstitial.
Splenoptosis.
Thyroiditis, acute.
Thyroiditis, chronic.

CLASS V.—*Diseases of ear.*

Ankylosis of ossicles.
Caries of ossicle.
Cerumen, accumulation of.
Deafness.
Deformity of external ear, acquired.
Eustachian salpingitis, acute.
Eustachian salpingitis, chronic.
Foreign body in auditory canal.
Hematoma of external ear, nontraumatic.
Hemorrhage into labyrinth.
Mastoiditis, acute.
Mastoiditis, chronic.
Myringitis, acute.
Myringitis, chronic.
Ossification of auricle.
Otitis externa.
Otitis interna, acute.
Otitis interna, chronic.
Otitis media, acute.
Otitis media, chronic.
Perichondritis of auricle.

CLASS VI.—*Diseases of eye and adnexa.*

Abscess of eye and adnexa.
Absence of lens.
Amaurosis.
Amblyopia.
Ankyloblepharon.
Astigmatism.
Atrophy of optic nerve.
Blepharitis.
Cataract.
Chalazion.
Choroiditis.
Color blindness.
Conjunctivitis, acute.
Conjunctivitis, chronic.
Conjunctivitis, phlyctenular.
Cramp of ciliary muscle.
Cyclitis.
Dacryoadenitis.
Dacryocystitis.
Detachment of choroid.
Detachment of retina.
Ectropion.
Entropion.
Epiphora.
Fistula of lachrymal sac.
Fistula of nasal duct.
Glaucoma, acute.
Glaucoma, chronic.
Hemianopsia.
Hemorrhage into retina.
Hemorrhage under conjunctiva, nontraumatic.

CLASS VI.—*Diseases of eye and adnexa*—Continued.

Hordeolum.
Hyperesthesia of retina.
Hyperemia of conjunctiva.
Hypermetropia.
Hypopyon.
Insufficiency of ocular muscle.
Iridochoroiditis.
Iridocyclitis.
Iritis.
Keratitis.
Keratitis, phlyctenular.
Keratoiritis.
Leukoma.
Myopia.
Neuritis, optic.
Neuroretinitis.
Night blindness.
Nystagmus.
Opacity of vitreous humor.
Ophthalmoplegia.
Panophthalmitis.
Paralysis of ocular muscle.
Presbyopia.
Pterygium.
Retinitis.
Scleritis.
Snow blindness.
Staphyloma of cornea.
Stenosis of nasal duct.
Stenosis of punctum lacrimale.
Symblepharon.
Synechia.
Trachoma.
Trichiasis.
Ulcer of eye and adnexa.
Xerosis.

CLASS VII.—*Diseases of genito-urinary system (nonvenereal).*

Abscess about urethra.
Abscess of bladder wall.
Abscess of Cowper's glands.
Abscess of kidney.
Abscess of kidney, perinephritic.
Abscess of prostate gland.
Abscess of scrotum.
Adhesions, preputial.
Albuminuria.
Atony of bladder.
Atrophy of prostate.
Atrophy of testicle.
Bacteriuria.
Balanoposthitis.
Calculus in bladder.
Calculus in prostate.
Calculus in ureter, impacted.
Calculus in urethra, impacted.
Chylocele, nonfilarial.
Chyluria, nonfilarial.
Concretion in seminal vesical.
Concretions, preputial.
Congestion of kidney.
Cystitis, acute.
Cystitis, chronic.
Cyst of kidney.
Deformity of bladder, acquired.
Deformity of penis, acquired.
Deformity of urethra, acquired.
Enlargement of prostate.
Epididymitis, acute.
Epididymitis, chronic.
Extravasation of urine.
Fistula, intestino-ureteral.
Fistula, intestino-vesical.
Fistula of bladder.
Fistula of kidney.
Fistula of ureter.
Fistula of urethra.
Fistula, recto-urethral.
Fistula, uretero-vesical.
Fistula, urethro-vesical.
Foreign body in bladder.
Foreign body in ureter.
Foreign body in urethra.
Gonecystitis, acute (nonvenereal).
Gonecystitis, chronic (nonvenereal).
Hematocele of spermatic cord.
Hematoma of spermatic cord, nontraumatic.
Hematuria, renal.
Hemoglobinuria.
Hydrocele of spermatic cord.
Hydrocele of tunica vaginalis.
Hydronephrosis.
Impotence.
Incontinence of urine.
Infarct of kidney.
Inflammation of spermatic cord.
Masturbation.
Nephralgia.
Nephritis, acute.
Nephritis, chronic interstitial.
Nephritis, chronic parenchymatous.
Nephritis, disseminated, suppurative.
Nephrolithiasis.
Nephroptosis.
Neurosis of bladder.
Orchitis, acute.
Orchitis, chronic.

CLASS VII.—*Diseases of genito-urinary system (nonvenereal)*—Continued.

Paraphimosis.
Phimosis.
Prostatitis, acute.
Prostatitis, chronic.
Pyelitis.
Pyelonephritis.
Redundant prepuce.
Redundant scrotum.
Sclerosis of corpus cavernosum.
Seminal emissions.
Spermatocele.
Spermatorrhea.
Sterility.
Stricture of ureter.
Stricture of urethra.
Suppression of urine.
Torsion of spermatic cord, nontraumatic.
Ulcer of bladder.
Ureteral colic.
Ureteritis.
Urethritis, acute.
Urethritis, chronic.
Varicocele.

CLASS VIII.—*Diseases of infective type (nonvenereal).*

Abscess, unqualified.
Aerogenes capsulatus infection.
Anthrax.
Carbuncle.
Carrier, common bacillus.
Carrier, diphtheria bacillus.
Carrier, typhoid bacillus.
Cellulitis.
Cerebrospinal fever.
Chicken pox.
Cholera, asiatic.
Dengue.
Diphtheria.
Dysentery, bacillary.
Dysentery, unclassified.
Erysipelas.
Fever of unknown cause.
Foot-and-mouth disease.
Furunculosis.
Gangosa.
Gangrene, infective.
German measles.
Glanders.
Hemoglobinuric fever.
Histoplasmosis.
Influenza.
Jaundice, acute infective.
Kala-azar.
Leprosy.
Malaria.
Measles.
Miliary fever.
Mumps.
Oriental sore.
Pappataci fever.
Paratyphoid fever.
Pellagra.
Plague.
Poliomyelitis, acute anterior.
Poliomyelitis, chronic anterior.
Poliomyelitis, acute bulbar.
Rabies.
Relapsing fever.
Rheumatic fever, acute.
Rheumatic fever, subacute.
Rocky Mountain spotted fever.
Scarlet fever.
Septicemia.
Smallpox.
Tetanus.
Tuberculosis, abdominal.
Tuberculosis, acute broncho-pneumonic.
Tuberculosis, acute, general.
Tuberculosis, acute pnuemonic.
Tuberculosis, acute pulmonary miliary.
Tuberculosis, chronic pulmonary.
Tuberculosis of bronchus.
Tuberculosis of joint.
Tuberculosis of larynx.
Tuberculosis of pleura.
Tuberculosis of spinal column.
Tuberculosis of trachea.
Tuberculosis, unqualified.
Tuberculous meningitis.
Typhoid fever.
Typhus fever.
Undulant fever.
Vaccinia.
Veldt sore.
Verruca peruana.
Whooping cough.
Yaws.
Yellow fever.

CLASS IX.—*Diseases of infective type (venereal).*

Chancroid.
Chancroid of lymph-node.
Gonococcus infection of conjunctiva.
Gonococcus infection of joints.
Gonococcus infection of lymph-node.
Gonococcus infection of urethra.
Gonococcus infection, unqualified.
Syphilis.

CLASS X.—*Diseases of lymphatic system.*

Abscess of axilla.
Abscess of lymph-node.
Elephantiasis, nonfilarial.
Fistula of thoracic duct.
Hodgkin's disease.
Lymphadenitis, acute.
Lymphadenitis, chronic.
Lymphangiectasis.
Lymphangitis.
Status lymphaticus.

CLASS XI.—*Diseases of mind.*

Constitutional inferiority.
Constitutional psychopathic state.
Dementia, cause unknown.
Dementia, paralytica.
Dementia, praecox.
Imbecility.
Melancholia, involutional.
Paranoia.
Paranoid state.
Psychasthenia.
Psychosis, due to organic brain disease.
Psychosis, epileptic.
Psychosis (exhaustive, infective, and toxic).
Psychosis, hysterical.
Psychosis, intoxication.
Psychosis, manic depressive.
Psychosis, polyneuritic.
Psychosis, senile.
Psychosis, traumatic.

CLASS XII.—*Diseases of motor system.*

Amyotonia congenita.
Ankylosis of joint.
Arthritis, acute.
Arthritis, chronic.
Arthritis, deformans.
Atrophy of (bone or cartilage).
Atrophy of muscle.
Bursitis, acute.
Bursitis, chronic.
Calcification of cartilage.
Chondritis.
Chondromalacia.
Contracture of joint.
Contracture of (muscle, fascia, tendon, or sheath).
Coxa valga.
Coxa vara.
Cramp of muscle.
Curvature of spine.
Ganglion.
Genu recurvatum.
Genu valgum.
Genu varum.
Hallux valgus.
Hallux varus.
Hammer toe.
Hemorrhage into joint, nontraumatic.
Hernia of (muscle, fascia, tendon, or sheath).
Hypertrophy of bone.
Leontiasis ossea.
Loose body in joint.
Loss of substance of (bone or cartilage).
Mallet finger.
Metatarsalgia.
Myositis, acute.
Myositis, chronic.
Myositis, progressive ossifying.
Myositis, traumatic ossifying.
Myotonia, congenital.
Necrosis.
Ossification of cartilage, unqualified.
Osteitis deformans.
Osteomalacia.
Osteomyelitis, acute.
Osteomyelitis, chronic.
Paralysis, muscle, ischemic.
Periostitis, acute.
Periostitis, chronic.
Pes cavus.
Pes planus.
Talipes.
Tenosynovitis.
Trigger finger.
Union of fracture, faulty.

CLASS XIII.—*Diseases of nervous system.*

Abscess of brain.
Anemia of brain.
Angiospastic edema.
Aphasia.
Apoplexy.
Arterial sclerosis, cerebral.
Ataxia, hereditary.
Athetosis.
Caisson disease.
Catalepsy.
Chorea.
Chorea, chronic progressive.
Cyst of brain.
Dystrophy, progressive muscular.
Encephalitis, acute.
Epilepsy.
Epilepsy, Jacksonian.
Hematomyelia.
Hematorrhachis.
Hemiplegia, old.
Hemorrhage, epidural.
Hemorrhage into cerebellum.
Hemorrhage into cerebrum.
Hemorrhage into medulla.
Hemorrhage into pons.
Hemorrhage, subdural.
Hernia of brain.
Hiccough.
Hydrocephalus, acquired.
Hypochondriasis.
Hysteria.
Locomotor ataxia.
Ménière's disease.
Meningitis, cerebral.
Meningitis, cerebrospinal.
Meningitis, spinal.
Myasthenia gravis.
Myelitis, disseminated.
Myelitis, transverse.
Neuralgia.
Neurasthenia.
Neuritis.
Neuritis, multiple.
Neurosis, occupational.
Neurosis, traumatic.
Pachymeningitis, cerebral.
Pachymeningitis, spinal.
Paralysis, acute ascending.
Paralysis, agitans.
Paralysis, Brown-Sequard's.
Paralysis of nerve.
Paramyoclonus multiplex.
Paraplegia, ataxic.
Sclerosis, amyotrophic lateral.
Sclerosis, disseminated.
Sclerosis, lateral.
Somnambulism.
Spasm habit.
Spasm nodding.
Spasm saltatory.
Stammering.
Stuttering.
Syringomyelia.
Tic, convulsive.
Tic, coordinated.
Tic, psychical.
Zoster.

CLASS XIV.—*Diseases of respiratory system.*

Abscess of larynx.
Abscess of lung.
Abscess of nasal septum.
Adenoids.
Adhesions of epiglottis.
Ankylosis of arytenoid cartilage.
Anosmia.
Asthma.
Bronchiectasis.
Bronchitis, acute.
Bronchitis, chronic.
Bronchitis, fibrinous.
Chylothorax.
Congestion of lung, acute.
Deformity of nose, acquired.
Deviation of nasal septum.
Edema of glottis.
Edema of lung.
Emphysema, pulmonary.
Epiglottiditis.
Epistaxis.
Fistula of larynx.
Fistula of trachea.
Fistula, thoraco-intestinal.
Foreign body in bronchus.
Foreign body in frontal sinus.
Foreign body in larynx.
Foreign body in maxillary sinus.
Foreign body in nasal passage.
Foreign body in trachea.
Gangrene of lung.
Hay fever.
Hemoptysis.
Hemothorax.
Hernia of lung.
Infarct of lung.
Laryngitis, acute.
Laryngitis, chronic.

CLASS XIV.—*Diseases of respiratory system*—Continued.

Neurosis of larynx.
Ossification of larynx.
Ossification of tracheal rings.
Ozena.
Paralysis of vocal cords.
Perforated nasal septum.
Perichondritis of larynx.
Pleurisy, acute fibrinous.
Pleurisy, chronic fibrinous.
Pleurisy, serofibrinous.
Pleurisy, suppurative.
Pleuritic adhesions.
Pneumatocele capitis.
Pneumonia, broncho-.
Pneumonia, interstitial.
Pneumonia, lobar.
Pneumonoconiosis.
Pneumothorax.
Polypus, nasal.
Pyopneumothorax.
Rhinitis, acute.
Rhinitis, chronic.
Rhinitis, hypertrophic.
Rhinolith.
Sinusitis, ethmoidal.
Sinusitis, frontal.
Sinusitis, maxillary.
Sinusitis, sphenoidal.
Spur on nasal septum.
Stenosis of bronchus.
Stenosis of larynx.
Stenosis of trachea.
Tracheitis.
Tracheocele.
Ulcer of bronchus.
Ulcer of epiglottis.
Ulcer of nasal passage.
Ulcer of trachea.

CLASS XV.—*Diseases of skin, hair, and nails.*

Acne.
Alopecia.
Alopecia areata.
Angiokeratoma.
Anhidrosis.
Atrophy of skin.
Bromidrosis.
Callositas.
Chilblain.
Chloasma.
Chromidrosis.
Cicatrix of skin.
Clavus.
Comedo.
Cornu.
Dermatitis gangrenosa.
Dermatitis venenata.
Dermatitis, unqualified.
Dysidrosis.
Ecthyma.
Eczema.
Erythema multiforme.
Erythema nodosum.
Erythema scarlatiniforme.
Erythema simplex.
Fissure of skin.
Folliculitis decalvans.
Herpes.
Hyperidrosis.
Ichthyosis.
Impetigo contagiosa.
Impetigo herpetiformis.
Impetigo simplex.
Ingrowing nail.
Intertrigo.
Keratodermia.
Keratosis.
Lentigo.
Leukodermia.
Leukokeratosis.
Lichen, planus.
Lichen, ruber.
Lupus, erythematous.
Melanodermia.
Miliaria.
Milium.
Molluscum contagiosum.
Mycosis fungoides.
Nevus.
Onychauxis.
Onychia.
Onychoma.
Pemphigus.
Pityriasis rosea.
Pityriasis simplex.
Prurigo.
Pruritus.
Psoriasis.
Rhinoscleroma.
Rosacea.
Scleroderma.
Seborrhea.
Sudamina.
Ulcer of skin.
Urticaria.
Urticaria pigmentosa.
Wart.
Xanthoma.
Xerodermia pigmentosa.

Class XVI.—*Herniæ.*

Hernia, epigastric.
Hernia, femoral.
Hernia, inguinal.
Hernia, internal.
Hernia, ischiatic.
Hernia, ischiorectal.
Hernia, lumbar.
Hernia, obturator.
Hernia, umbilical.
Hernia, ventral.

Class XVII.—*Miscellaneous diseases and conditions.*

Acidosis, nondiabetic.
Adiposis dolorosa.
Ainhum.
Amputation, stump.
Amyloid disease.
Anti-inoculation, unqualified.
Beriberi.
Cicatricial contraction.
Cystinuria.
Dentition.
Diabetes insipidus.
Diabetes mellitus.
Diagnosis undetermined.
Erythromelalgia.
Gangrene.
Gigantism.
Glycosuria.
Gout, acute.
Gout, chronic.
Headache.
Hemochromatosis.
Hypertrophy of mammary gland.
Insomnia.
Lipemia.
Malformations, congenital
Malingering.
Malnutrition.
Migraine.
Mikulicz's disease.
Milk sickness.
Nausea marina.
No disease.
Nostalgia.
Obesity.
Ochronosis.
Osteoarthropathy, hypertrophic.
Phantom tumor.
Raynaud's disease.
Rheumatism, chronic articular.
Rheumatism, muscular.
Rickets.
Scurvy.
Senility.
Shock.
Sinus.
Tetany.
Vertigo.

Class XVIII.—*Parasites (fungi and certain animal parasites).*

Abscess, entamebic, liver.
Abscess, entamebic, unqualified.
Actinomycosis.
Ascariasis.
Aspergillosis.
Blastomycosis.
Coccidiosis.
Cysticercus of brain.
Cysticercus of liver.
Cysticercus of lung.
Cysticercus, unqualified.
Dioctophyme renale.
Discomycosis.
Dracontiasis.
Dysentery, balantidic.
Dysentery, entamebic.
Echinococcus.
Erysipeloid.
Erythrasma.
Favus.
Filariasis.
Flagellate diarrhea.
Larva migrans.
Metastrongylus apri.
Mucormycosis.
Mycetoma.
Myiasis.
Oxyuriasis.
Paragonimiasis.
Parameba hominis.
Pediculosis.
Piedra.
Pinta.
Pityriasis versicolor.
Sarcopsiliasis.
Scabies.
Schistosomiasis, intestinal.
Schistosomiasis, urinary.
Sporotrichosis.
Strongyloides, intestinal.

CLASS XVIII.—*Parasites (fungi and certain animal parasites)*—Continued.

Strongylus, Gibsoni.
Teniasis.
Thrush.
Trichiniasis.
Trichophytosis.
Trychostrongylus instabilis.
Trichuriasis.
Trichuris trichiura.
Trypanosomiasis.
Uncinariasis.

CLASS XIX.—*Tumors.*

Adenoma.
Angioma.
Carcinoma.
Chondroma.
Cystoma.
Endothelioma.
Epithelioma.
Fibroma.
Glioma.
Hypernephroma.
Lipoma.
Lymphangioma.
Lymphoma.
Mixed benign tumor.
Mixed malignant tumor.
Myoma.
Myxoma.
Neuroma.
Odontoma.
Osteoma.
Papilloma.
Retention cyst.
Sarcoma.
Teratoma.

CLASS XX.—*Injuries.*

Abrasion.
Air embolism.
Avulsion.
Blood donor.
Burn.
Castration.
Compression.
Contusion.
Crush.
Decapitation.
Deprivation of water.
Diagnosis undetermined.
Dislocation.
Drowning.
Electric shock.
Emphysema.
Epilation.
Epiphyseal separation.
Exhaustion, heat.
Exhaustion, overexertion.
Exhaustion, overexposure.
Foreign body.
Fracture, compound.
Fracture, simple.
Fracture of penis.
Frostbite.
Heat cramps.
Hematocele, tunica vaginalis.
Hematoma.
Hemorrhage into eyeball.
Hemorrhage into joint.
Hemorrhage under conjunctiva.
Intracranial injury.
Intraspinal injury.
Lightning stroke.
Multiple injuries, extreme.
Powdered glass, injury from swallowing.
Rupture (not hernia).
Skin donor.
Smoke inhalation.
Sprain.
Starvation.
Strain.
Strangulation.
Strangulation of penis.
Submersion.
Sunburn.
Sunstroke.
Synovitis.
Thermic fever.
Torsion, spermatic cord.
Urethral fever.
Wound, gunshot.
Wound, incised.
Wound, lacerated.
Wound, punctured.

CLASS XXI.—*Poisons.*

Botulism.
Creatoxism.
Diagnosis undetermined.
Insect sting.
Lathyrism.
Poison, anesthesia.
Poison (state substance).

2359. SECTION 11.—DISEASES.[1]

	Navy class No.	International No.
Abscess about rectum	III	110B
Abscess about urethra	VII	125
Abscess, entamebic, liver	XVIII	115
Abscess, entamebic unqualified	XVIII	107
Abscess of axilla	X	84
Abscess of bladder wall	VII	124
Abscess of brain	XIII	60
Abscess of Cowper's glands	VII	127
Abscess of eye and adnexa	VI	75C
Abscess of kidney	VII	122
Abscess of kidney, perinephritic	VII	122
Abscess of larynx	XIV	87
Abscess of liver	III	115
Abscess of lung	XIV	98
Abscess of lymph-node	X	84
Abscess of nasal septum	XIV	86
Abscess of omentum	III	117
Abscess of pharynx	III	100
Abscess of prostate gland	VII	126
Abscess of salivary gland	III	99B
Abscess of scrotum	VII	127
Abscess of spleen	IV	116
Abscess of tongue	III	99B
Abscess, subphrenic	III	118
Abscess, unqualified	VIII	144
Absence of lens	VI	75C
Achylia gastrica	III	103
Acidosis, nondiabetic	XVII	55
Acne	XV	145C
Acromegaly	IV	55
Actinomycosis	XVIII	25A
Addison's disease	IV	52
Adenoids	XIV	86
Adenoma	XIX	46
Adhesions about gall bladder	III	115
Adhesions about stomach	III	117
Adhesions of epiglottis	XIV	87
Adhesions of peritoneum	III	117
Adhesions, preputial	VII	127
Adiposis dolorosa	XVII	55
Aerogenes capsulatus infection	VIII	20
Ainhum	XVII	149
Albuminuria	VII	120
Alopecia	XV	145C
Alopecia areata	XV	145C
Amaurosis	VI	75C
Amblyopia	VI	75C
Amputation stump	XVII	149
Amyloid disease	XVII	55
Amyotonia congenita	XII	149
Anemia of brain	XIII	74
Anemia, pernicious	I	54
Anemia, simple	I	54
Anemia, splenic	I	54
Aneurism	II	81
Aneurism, cirsoid	II	81
Aneurism of heart	II	79C
Aneurism, varicose	II	81
Aneurismal varix	II	83
Angina ludovici	III	100
Angina pectoris	II	80
Angiokeratoma	XV	145C
Angioma	XIX	46
Angiospastic edema	XIII	74
Anidrosis	XV	145C
Ankyloblepharon	VI	75C
Ankylosis of arytenoid cartilage	XIV	87
Ankylosis of joint	XII	147
Ankylosis of ossicles	V	76
Anosmia	XIV	86
Anthrax	VIII	22
Anti-inoculation, unqualified	XVII	189A
Aortitis	II	81
Aphasia	XIII	74
Apoplexy	XIII	64
Appendicitis, acute	III	108
Appendicitis, chronic	III	108
Arterial sclerosis, cerebral	XIII	81
Arterial sclerosis, general	II	81
Arthritis, acute	XII	147
Arthritis, chronic	XII	147
Arthritis, deformans	XII	148A
Artificial anus	III	109
Ascariasis	XVIII	107
Aspergillosis	XVIII	25B
Asthma	XIV	96
Astigmatism	VI	75C
Ataxia, hereditary	XIII	63
Athetosis	XIII	74
Atony of bladder	VII	124
Atony of stomach	III	103
Atrophy of (bone or cartilage)	XII	146
Atrophy of heart	II	79C
Atrophy of liver, acute yellow	III	111
Atrophy of muscle	XII	149
Atrophy of optic nerve	VI	75C
Atrophy of pancreas	III	118
Atrophy of prostate	VII	126
Atrophy of skin	XV	145C
Atrophy of stomach	III	103
Atrophy of testicle	VII	127
Atrophy of tongue	III	99B
Autointoxication, intestinal	III	110B
Bacteriuria	VII	124
Balanoposthitis	VII	127
Beriberi	XVII	27
Blastomycosis	XVIII	25B
Blepharitis	VI	75C
Bradycardia	II	85
Bromidrosis	XV	145C
Bronchiectasis	XIV	90
Bronchitis, acute	XIV	89
Bronchitis, chronic	XIV	90
Bronchitis, fibrinous	XIV	90
Bursitis, acute	XII	149
Bursitis, chronic	XII	149
Caisson disease	XIII	74
Calcification of cartilage	XII	149
Calculus in bladder	VII	123
Calculus in prostate	VII	126
Calculus in ureter, impacted	VII	123
Calculus in urethra, impacted	VII	123
Calculus of pancreas	III	118
Callositas	XV	145C
Carbuncle	VIII	143
Carcinoma	XIX	39–45
Cardiospasm	III	103
Caries of ossicle	V	76
Caries of tooth	III	99A
Carrier, comma bacillus	VIII	12a
Carrier, diphtheria bacillus	VIII	9b
Carrier, typhoid bacillus	VIII	1a

[1] Items in italics are symptoms only. See par. 2329 (*b*).

SECTION 11.—*Diseases*—Continued.

	Navy class No.	International No.
Catalepsy	XIII	74
Cataract	VI	75C
Cellulitis	VIII	144
Cerebrospinal fever	VIII	61a
Cerumen, accumulation of	V	76
Chalazion	VI	75C
Chancroid	IX	38A
Chancroid of lymph-node	IX	38A
Chicken pox	VIII	19
Chilblain	XV	145C
Chloasma	XV	145C
Cholangitis, acute	III	115
Cholangitis, chronic	III	115
Cholecystitis, acute	III	115
Cholecystitis, chronic	III	115
Cholelithiasis	III	114
Cholera, asiatic	VIII	12
Chondritis	XII	149
Chondroma	XIX	46
Chondromalacia	XII	147
Chorea	XIII	72
Chorea, chronic progressive	XIII	74
Choroiditis	VI	75C
Chromidrosis	XV	145C
Chyle cyst of mesentery	III	84
Chylocele, nonfilarial	VII	84
Chylothorax	XIV	84
Chylous ascites, nonfilarial	III	84
Chyluria, nonfilarial	VII	121
Cicatricial contraction	XVII	145C
Cicatrix of skin	XV	145C
Cirrhosis of liver, atrophic	III	113
Cirrhosis of liver, hypertrophic	III	113
Clavus	XV	145C
Coccidiosis	XVIII	107
Colitis, acute	III	105B
Colitis, chronic	III	105B
Color blindness	VI	75C
Comedo	XV	145C
Concretion in salivary gland	III	99B
Concretion in seminal vescicle	VII	127
Concretion in tonsil	III	100
Concretion, preputial	VII	127
Congestion of kidney	VII	122
Congestion of lung, acute	XIV	94
Conjunctivitis, acute	VI	75A
Conjunctivitis, chronic	VI	75A
Conjunctivitis, phlyctenular	VI	75A
Constipation	III	110B
Constitutional inferiority	XI	68
Constitutional psychopathic state	XI	68
Contracture of joint	XII	147
Contracture of (muscle, fascia, tendon, or sheath)	XII	149
Cornu	XV	145C
Coxa valga	XII	147
Coxa vara	XII	147
Cramp of ciliary muscle	VI	75C
Cramp of muscle	XII	149
Cretinism	IV	74
Curvature of spine	XII	36C
Cyclitis	VI	75C
Cysticercus of brain	XVIII	107
Cysticercus of liver	XVIII	107
Cysticercus of lung	XVIII	107
Cysticercus, unqualified	XVIII	107
Cystinuria	XVII	122
Cystitis, acute (nonvenereal)	VII	124
Cystitis, chronic (nonvenereal)	VII	124
Cyst of brain	XIII	74
Cyst of kidney	VII	122
Cystoma	XIX	46
Dacryoadenitis	VI	75C
Dacryocystitis	VI	75C
Deafness	V	76
Deformity of bladder, acquired	VII	124
Deformity of external ear, acquired	V	76
Deformity of liver, acquired	III	115
Deformity of nose, acquired	XIV	86
Deformity of palate, acquired	III	146
Deformity of penis, acquired	VII	127
Deformity of stomach, acquired	III	103
Deformity of urethra, acquired	VII	125
Dementia, cause unknown	XI	68
Dementia, paralytica	XI	67
Dementia, praecox	XI	68
Dengue	VIII	19
Dentition	XVII	189A
Dermatitis, gangrenosa	XV	142
Dermatitis, unqualified	XV	145C
Dermatitis, venenata	XV	145C
Detachment of choroid	VI	75C
Detachment of retina	VI	75C
Deviation of nasal septum	XIV	86
Diabetes insipidus	XVII	55
Diabetes mellitus	XVII	50
Diagnosis, undetermined	XVII	189A
Dilatation, acute cardiac	II	79C
Dilatation, chronic cardiac	II	79C
Dilatation of esophagus	III	101
Dilatation of stomach, acute	III	103
Dilatation of stomach, chronic	III	103
Dioctophyme renale	XVIII	122
Diphtheria	VIII	9
Discomycosis	XVIII	25B
Displacement of liver	III	115
Diverticulitis	III	110B
Diverticulum of esophagus	III	101
Diverticulum of intestines, acquired	III	110B
Dracontiasis	XVIII	145C
Duodenitis	III	105B
Dysentery, bacillary	VIII	14A
Dysentery, balantidic	XVIII	14B
Dysentery, entameblc	XVIII	14C
Dysentery, unclassified	VIII	14D
Dysidrosis	XV	145C
Dystrophy, progressive muscular	XIII	63
Echinococcus	XVIII	107
Ecthyma	XV	145C
Ectropion	VI	75C
Eczema	XV	145C
Edema of glottis	XIV	87
Edema of lung	XIV	94
Elephantiasis, nonfilarial	X	145C
Elongation of uvula	III	100
Embolism	II	82
Emphysema, pulmonary	XIV	97
Encephalitis, acute	XIII	60
Endocarditis, acute	II	78
Endocarditis, chronic	II	79B
Endothelioma	XIX	39–45
Enlargement of prostate	VII	126
Enteritis, acute	III	105B

SECTION 11.—*Diseases*—Continued.

	Navy class No.	International No.
Enteritis, chronic	III	105B
Enterocolitis	III	105B
Enterolith	III	110B
Entropion	VI	75C
Epididymitis, acute (nonvenereal)	VII	127
Epididymitis, chronic (nonvenereal)	VII	127.
Epiglottiditis	XIV	87
Epilepsy	XIII	69
Epilepsy, Jacksonian	XIII	74
Epiphora	VI	75C
Epistaxis	XIV	85
Epithelioma	XIX	39–45
Erysipelas	VIII	18
Erysipeloid	XVIII	25B
Erythema multiforme	XV	145C
Erythema nodosum	XV	145C
Erythema scarlatiniforme	XV	145C
Erythema simplex	XV	145C
Erythrasma	XVIII	25B
Erythromelalgia	XVII	142
Esophagitis	III	101
Eustachian salpingitis, acute	V	76
Eustachian salpingitis, chronic	V	76
Exophthalmic goiter	IV	51
Extravasation of urine	VII	125
Fatty heart	II	79C
Fatty liver	III	113
Favus	XVIII	25B
Fermentation, gastric	III	103
Fermentation, intestinal	III	105B
Fever of unknown cause	VIII	189A
Fibroma	XIX	46
Filariasis	XVIII	19
Fissure of anus	III	110A
Fissure of skin	XV	145C
Fistula, biliary	III	115
Fistula, fecal	III	110A
Fistula in ano	III	110A
Fistula, intestino-ureteral	VII	125
Fistula, intestino-vesical	VII	125
Fistula of bladder	VII	125
Fistula of kidney	VII	122
Fistula of larchrymal sac	VI	75C
Fistula of larynx	XIV	87
Fistula of nasal duct	VI	75C
Fistula of salivary (gland or duct)	III	99B
Fistula of thoracic duct	X	84
Fistula of trachea	XIV	98
Fistula of ureter	VII	125
Fistula of urethra	VII	125
Fistula, recto-urethral	VII	125
Fistula, thoraco-intestinal	XIV	93
Fistula, uretero-vesical	VII	125
Fistula, urethro-vesical	VII	125
Flagellate diarrhea	XVIII	105B
Folliculitis decalvans	XV	145C
Foot-and-mouth disease	VIII	19
Foreign body in auditory canal	V	76
Foreign body in bladder	VII	124
Foreign body in bronchus	XIV	186
Foreign body in esophagus	III	101
Foreign body in frontal sinus	XIV	146
Foreign body in intestines	III	110B
Foreign body in larynx	XIV	186
Foreign body in maxillary sinus	XIV	146
Foreign body in nasal passage	XIV	186
Foreign body in pharynx	III	186
Foreign body in rectum	III	110B
Foreign body in stomach	III	103
Foreign body in trachea	XIV	186
Foreign body in ureter	VII	122
Foreign body in urethra	VII	125
Functional derangement of liver	III	115
Furunculosis	VIII	143
Ganglion	XII	149
Gangosa	VIII	19
Gangrene	XVII	142
Gangrene, infective	VIII	142
Gangrene of lung	XIV	95
Gaseous tumor of parotid	III	99B
Gastritis, acute catarrhal	III	103
Gastritis, chronic catarrhal	III	103
Gastritis, acute phlegmonous	III	103
Gastroduodenitis	III	105B
Gastroenteritis	III	105B
Gastroptosis	III	103
Genu recurvatum	XII	147
Genu valgum	XII	147
Genu varum	XII	147
German measles	VIII	19
Gigantism	XVII	55
Gingivitis	III	99A
Glanders	VIII	21
Glaucoma, acute	VI	75C
Glaucoma, chronic	VI	75C
Glioma	XIX	46
Glossitis, acute	III	99B
Glossitis, chronic	III	99B
Glycosuria	XVII	50
Goiter	IV	88
Gonecystitis, acute (nonvenereal)	VII	127
Gonecystitis, chronic (nonvenereal)	VII	127
Gonococcus infection of conjunctiva	IX	38B
Gonococcus infection of joints	IX	38B
Gonococcus infection of lymph-node	IX	38B
Gonococcus infection of urethra	IX	38B
Gonococcus infection, unqualified	IX	38B
Gout, acute	XVII	48C
Gout, chronic	XVII	48C
Hallux valgus	XII	149
Hallux varus	XII	149
Hammer toe	XII	149
Hay fever	XIV	98
Headache	XVII	189A
Heart block	II	85
Hematemesis	III	103
Hematocele of spermatic cord	VII	127
Hematoma of external ear, nontraumatic	V	76
Hematoma of spermatic cord, nontraumatic	VII	127
Hematomyelia	XIII	63
Hematorrhachis	XIII	63
Hematuria, renal	VII	122
Hemianopsia	VI	75C
Hemiplegia, old	XIII	66
Hemochromatosis	XVII	55
Hemoglobinuria	VII	122
Hemoglobinuric fever	VIII	19

SECTION 11.—*Diseases*—Continued.

	Navy class No.	International No.
Hemophilia	I	55
Hemoptysis	XIV	98
Hemorrhage, epidural	XIII	64
Hemorrhage, intestinal	III	110B
Hemorrhage into cerebellum	XIII	64
Hemorrhage into cerebrum	XIII	64
Hemorrhage into joint, nontraumatic	XII	147
Hemorrhage into labyrinth	V	76
Hemorrhage into medulla	XIII	64
Hemorrhage into parathyroid gland	IV	85
Hemorrhage into pons	XIII	64
Hemorrhage into retina	VI	75C
Hemorrhage into suprarenal gland	IV	85
Hemorrhage, subdural	XIII	64
Hemorrhage under conjunctiva, nontraumatic	VI	75C
Hemorrhoids	III	83
Hemothorax	XIV	93
Hernia, epigastric	XVI	109
Hernia, femoral	XVI	109
Hernia, inguinal	XVI	109
Hernia, internal	XVI	109
Hernia, ischiatic	XVI	109
Hernia, ischiorectal	XVI	109
Hernia, lumbar	XVI	109
Hernia, obturator	XVI	109
Hernia of brain	XIII	74
Hernia of lung	XIV	98
Hernia of (muscle, fascia, tendon, or sheath)	XII	149
Hernia, umbilical	XVI	109
Hernia, ventral	XVI	109
Herpes	XV	145C
Hiccough	XIII	74
Histoplasmosis	VIII	55
Hodgkin's disease	X	53A
Hordeolum	VI	75C
Hydrocele of spermatic cord	VII	127
Hydrocele of tunica vaginalis	VII	127
Hydrocephalus, acquired	XIII	74
Hydronephrosis	VII	122
Hyperesthesia of retina	VI	75C
Hyperchylia, gastric	III	103
Hyperemia of conjunctiva	VI	75C
Hyperidrosis	XV	145C
Hypermetropia	VI	75C
Hypernephroma	XIX	45E
Hypertrophy of bone	XII	146
Hypertrophy of heart	II	79C
Hypertrophy of mammary gland	XVII	133
Hypertrophy of tonsil	III	100
Hypochlorhydria	III	103
Hypochondriasis	XIII	68
Hypopyon	VI	75C
Hysteria	XIII	73A
Ichthyosis	XV	145C
Imbecility	XI	74
Impacted feces	III	110B
Impetigo contagiosa	XV	145C
Impetigo herpetiformis	XV	145C
Impetigo simplex	XV	145
Impotence	VII	127
Incontinence of urine	VII	124
Infarct of kidney	VII	122
Infarct of lung	XIV	94
Infarct of spleen	IV	116
Inflammation of salivary gland	III	99B
Inflammation of spermatic cord	VII	127
Influenza	VIII	10
Ingrowing nail	XV	145C
Insomnia	XVII	189A
Insufficiency of ocular muscle	VI	75C
Intertrigo	XV	145C
Iridochoroiditis	VI	75C
Iridocyclitis	VI	75C
Iritis	VI	75C
Jaundice, acute infective (Weil's disease)	VIII	111
Kala-azar	VIII	54
Keratitis	VI	75C
Keratitis, phlyctenular	VI	75C
Keratodermia	XV	145C
Keratoiritis	VI	75C
Keratosis	XV	145C
Larva migrans	XVIII	145C
Laryngitis, acute	XIV	87
Laryngitis, chronic	XIV	87
Lentigo	XV	145C
Leontiasis ossea	XII	146
Leprosy	VIII	17
Leukemia	I	53C
Leukodermia	XV	145C
Leukokeratosis	XV	145C
Leukoma	VI	75C
Lichen, planus	XV	145C
Lichen, ruber	XV	145C
Lipemia	XVII	121
Lipoma	XIX	46
Locomotor ataxia	XIII	62
Loose body in joint	XII	147
Loss of substance of (bone or cartilage)	XII	146
Lupus, erythematosus	XV	145C
Lymphadenitis, acute	X	84
Lymphadenitis, chronic	X	84
Lymphangiectasis	X	84
Lymphangioma	XIX	46
Lymphangitis	X	84
Lymphoma	XIX	46
Malaria	VIII	4
Malformations, congenital	XVII	150
Malingering	XVII	189B
Mallet finger	XII	149
Malnutrition	XVII	189A
Mastoiditis, acute	V	146
Mastoiditis, chronic	V	146
Masturbation	VII	74
Measles	VIII	6
Mediastino-pericarditis	II	77
Melancholia, involutional	XI	68
Melanodermia	XV	145C
Ménière's disease	XIII	76
Meningitis, cerebral	XIII	61
Meningitis, cerebrospinal	XIII	61
Meningitis, spinal	XIII	61
Metastrongylus apri	XVIII	107
Metatarsalgia	XII	149
Migraine	XVII	74
Mikulicz's disease	XVII	99B
Miliaria	XV	145C
Miliary fever	VIII	11
Milium	XV	145C
Milk sickness	XVII	19
Mixed benign tumor	XIX	46

SECTION 11.—*Diseases*—Continued.

	Navy class No.	International No.
Mixed malignant tumor	XIX	39-45
Molluscum contagiosum	XV	145C
Mucormycosis	XVIII	25B
Mumps	VIII	19
Myasthenia gravis	XIII	63
Mycetoma	XVIII	25B
Mycosis fungoides	XV	25B
Myelitis, disseminated	XIII	63
Myelitis, transverse	XIII	63
Myiasis	XVIII	145
Myocarditis, acute	II	78
Myocarditis, chronic	II	79C
Myoma	XIX	46
Myopia	VI	75
Myositis, acute	XII	149
Myositis, chronic	XII	149
Myositis, progressive ossifying	XII	149
Myositis, traumatic ossifying	XII	149
Myotonia congenita	XII	149
Myringitis, acute	V	76
Myringitis, chronic	V	76
Myxedema	IV	88
Myxoma	XIX	46
Nausea marina	XVII	189A
Necrosis	XII	146
Nephralgia	VII	122
Nephritis, acute	VII	119
Nephritis, chronic interstitial	VII	120
Nephritis, chronic parenchymatous	VII	120
Nephritis, disseminated, suppurative	VII	122
Nephrolithiasis	VII	123
Nephroptosis	VII	122
Nervous dyspepsia	III	103
Neuralgia	XIII	73B
Neurasthenia	XIII	74
Neuritis	XIII	73B
Neuritis, multiple	XIII	73B
Neuritis, optic	VI	75C
Neuroma	XIX	46
Neuroretinitis	VI	75C
Neurosis, intestinal	III	110B
Neurosis, occupational	XIII	74
Neurosis of bladder	VII	124
Neurosis of larynx	XIV	87
Neurosis of pharynx	III	100
Neurosis, traumatic	XIII	74
Nevus	XV	150
Night blindness	VI	75C
No disease	XVII	189A
Nostalgia	XVII	68
Nystagmus	VI	75C
Obesity	XVII	55
Obstruction, acute intestinal	III	109
Obstruction, chronic intestinal	III	109
Obstruction of pancreatic duct	III	118
Obstruction of portal vein	III	115
Ochronosis	XVII	55
Odontoma	XIX	46
Onychauxis	XV	145C
Onychia	XV	145C
Onychoma	XV	145C
Opacity of vitreous humor	VI	75C
Ophthalmoplegia	VI	75C
Orchitis, acute (nonvenereal)	VII	127
Orchitis, chronic (nonvenereal)	VII	127
Oriental sore	VIII	145C
Ossification of auricle	V	76
Ossification of cartilage, unqualified	XII	149
Ossification of larynx	XIV	87
Ossification of tracheal rings	XIV	98
Osteitis deformans	XII	146
Osteoarthropathy, hypertrophic	XVII	36B
Osteoma	XIX	46
Osteomalacia	XII	36A
Osteomyelitis, acute	XII	146
Osteomyelitis, chronic	XII	146
Otitis externa	V	76
Otitis interna, acute	V	76
Otitis interna, chronic	V	76
Otitis media, acute	V	76
Otitis media, chronic	V	76
Oxyuriasis	XVIII	107
Ozena	XIV	86
Pachymeningitis, cerebral	XIII	61
Pachymeningitis, spinal	XIII	61
Palpitation, cardiac	II	85
Pancreatitis, acute	III	118
Pancreatitis, chronic	III	118
Panophthalmitis	VI	75C
Papilloma	XIX	46
Pappataci fever	VIII	19
Paragonimiasis	XVIII	107
Paralysis, acute ascending	XIII	63
Paralysis, agitans	XIII	63
Paralysis, Brown-Sequard's	XIII	63
Paralysis of nerve	XIII	66
Paralysis of ocular muscle	VI	75C
Paralysis of vocal cords	XIV	74
Paralysis, muscle, ischemic	XII	149
Parameba hominis	XVIII	107
Paramyoclonus multiplex	XIII	74
Paranoia	XI	68
Paranoiac state	XI	68
Paraphimosis	VII	127
Paraplegia, ataxic	XIII	66
Paratyphoid fever	VIII	1
Pediculosis	XVIII	145C
Pellagra	VIII	26
Pemphigus	XV	145C
Perforated nasal septum	XIV	86
Pericarditis	II	77
Pericardium, adherent	II	77
Perichondritis of auricle	V	76
Perichondritis of larynx	XIV	87
Perihepatitis	III	115
Periostitis, acute	XII	146
Periostitis, chronic	XII	146
Perisplenitis	IV	116
Peritonitis, acute, general	III	117
Peritonitis, acute, local	III	117
Peritonitis, chronic, general	III	117
Peritonitis, chronic, local	III	117
Persistent thymus gland	IV	84
Perversion of appetite	III	103
Pes cavus	XII	149
Pes planus	XII	149
Phantom tumor	XVII	189B
Pharyngitis, acute	III	100
Pharyngitis, chronic	III	100
Phimosis	VII	127
Phlebitis	II	83
Piedra	XVIII	25B
Pinta	XVIII	25B
Pityriasis rosea	XV	145C
Pityriasis simplex	XV	145C
Pityriasis versicolor	XVIII	25B
Plague	VIII	15
Pleurisy, acute fibrinous	XIV	93

SECTION 11.—*Diseases*—Continued.

	Navy class No.	International No.
Pleurisy, chronic fibrinous	XIV	93
Pleurisy, serofibrinous	XIV	93
Pleurisy, suppurative	XIV	93
Pleuritic adhesions	XIV	93
Pneumatocele capitis	XIV	145C
Pneumonia, broncho-	XIV	91
Pneumonia, interstitial	XIV	98
Pneumonia, lobar	XIV	92
Pneumonoconiosis	XIV	98
Pneumopericardium	II	77
Pneumophagia	III	103
Pneumothorax	XIV	93
Poliomyelitis, acute anterior	VIII	63
Poliomyelitis, chronic anterior	VIII	63
Poliomyelitis, acute bulbar	VIII	63
Polycythemia, chronic	I	55
Polypus, nasal	XIV	46
Presbyopia	VI	75C
Proctalgia	III	110A
Proctitis	III	110A
Prolapse of rectum	III	110B
Prostatitis, acute (nonvenereal)	VII	126
Prostatitis, chronic (nonvenereal)	VII	126
Prurigo	XV	145C
Pruritus	XV	145C
Psoriasis	XV	145C
Psychasthenia	XI	68
Psychosis, due to organic brain disease	XI	74
Psychosis, epileptic	XI	69
Psychosis (exhaustive, infective, and toxic)	XI	68
Psychosis, hysterical	XI	73A
Psychosis, intoxication	XI	68
Psychosis, manic depressive	XI	68
Psychosis, polyneuritic	XI	68
Psychosis, senile	XI	154A
Psychosis, traumatic	XI	68
Pterygium	VI	75C
Purpura	I	55
Purpura, hemorrhagic	I	55
Pyelitis	VII	122
Pyelonephritis	VII	122
Pyelephlebitis	III	83
Pyloric incontinence	III	103
Pylorospasm	III	103
Pyopneumopericardium	II	77
Pyopneumothorax	XIV	93
Pyorrhoea, alveolar	III	99A
Rabies	VIII	23
Raynaud's disease	XVII	142
Redundant prepuce	VII	127
Redundant scrotum	VII	127
Regurgitation of stomach	III	103
Relapsing fever	VIII	3B
Retention cyst	XIX	46
Retinitis	VI	75C
Rheumatic fever, acute	VIII	47
Rheumatic fever, subacute	VIII	47
Rheumatism, chronic articular	XVII	48B
Rheumatism, muscular	XVII	149
Rhinitis, acute	XIV	86
Rhinitis, atrophic	XIV	86
Rhinitis, hypertrophic	XIV	86
Rhinolith	XIV	86
Rhinoscleroma	XV	86
Rickets	XVII	36C
Rocky Mountain spotted fever	VIII	19
Rosacea	XV	145C
Rumination	III	103
Rupture of esophagus, spontaneous	III	101
Rupture of heart, spontaneous	II	79C
Rupture of spleen, spontaneous	IV	116
Sarcoma	XIX	39–45
Sarcopsiliasis	XVIII	145C
Scabies	XVIII	145B
Scarlet fever	VIII	7
Schistosomiasis, intestinal	XVIII	107
Schistosomiasis, urinary	XVIII	122
Scleritis	VI	75C
Scleroderma	XV	145C
Sclerosis, amyotrophic lateral	XIII	63
Sclerosis, disseminated	XIII	63
Sclerosis, lateral	XIII	63
Sclerosis of corpus cavernosum	VII	127
Scurvy	XVII	49
Seborrhea	XV	145C
Seminal emissions	VII	127
Senility	XVII	154B
Septicemia	VIII	20
Shock	XVII	189A
Sinus	XVII	145C
Sinusitis, ethmoidal	XIV	146
Sinusitis, frontal	XIV	146
Sinusitis, maxillary	XIV	146
Sinusitis, sphenoidal	XIV	146
Smallpox	VIII	5
Snow blindness	VI	75C
Somnambulism	XIII	74
Spasm habit	XIII	74
Spasm nodding	XIII	74
Spasm of esophagus	III	101
Spasm of rectum	III	110B
Spasm saltatory	XIII	74
Spermatocele	VII	127
Spermatorrhea	VII	127
Splanchnoptosis	III	110B
Splenitis, acute	IV	116
Splenitis, chronic interstitial	IV	116
Splenoptosis	IV	116
Sporotrichosis	XVIII	25B
Sprue	III	110B
Spur on nasal septum	XIV	86
Stammering	XIII	74
Staphyloma of cornea	VI	75C
Status lymphaticus	X	84
Stenosis of bronchus	XIV	98
Stenosis of gall-duct	III	115
Stenosis of larynx	XIV	87
Stenosis of nasal duct	VI	75C
Stenosis of punctum lacrimale	VI	75C
Stenosis of pylorus	III	103
Stenosis of trachea	XIV	98
Sterility	VII	127
Stomatitis	III	99B
Stomatitis, gangrenous	III	142
Stricture of esophagus	III	101
Stricture of intestine	III	109
Stricture of pharynx	III	100
Stricture of rectum	III	110B
Stricture of ureter	VII	122
Stricture of urethra	VII	125
Strongyloides, intestinal	XVIII	107
Strongylus gibsoni	XVIII	107
Stuttering	XIII	74
Sudamina	XV	145C
Suppression of urine	VII	124

SECTION 11.—*Diseases*—Continued.

	Navy class No.	International No.
Symblepharon	VI	75C
Synechia	VI	75C
Syphilis	IX	37
Syringomyelia	XIII	63
Tachycardia	II	85
Talipes	XII	149
Teniasis	XVIII	107
Tenosynovitis	XII	149
Teratoma	XIX	46
Tetanus	VIII	24
Tetany	XVII	74
Thrombosis	II	82
Thrush	XVIII	99B
Thyroiditis, acute	IV	88
Thyroiditis, chronic	IV	88
Tic, convulsive	XIII	74
Tic, coordinated	XIII	74
Tic, psychical	XIII	74
Tonsilitis, acute follicular	III	100
Tonsilitis, chronic	III	100
Torsion of omentum	III	118
Torsion of spermatic cord, nontraumatic	VII	127
Tracheitis	XIV	89
Tracheocele	XIV	98
Trachoma	VI	75B
Trichiasis	VI	75C
Trichiniasis	XVIII	107
Trichophytosis	XVIII	145A
Trichostrongylus instabilis	XVIII	107
Trichuriasis	XVIII	107
Trichuris trichiura	XVIII	107
Trigger finger	XII	149
Trypanosomiasis	XVIII	55
Tuberculosis, abdominal	VIII	31
Tuberculosis, acute broncho-pneumonic	VIII	29
Tuberculosis, acute general	VIII	29
Tuberculosis, acute pneumonic	VIII	29
Tuberculosis, acute pulmonary miliary	VIII	29
Tuberculosis, chronic pulmonary	VIII	28
Tuberculosis of bronchus	VIII	28
Tuberculosis of joint	VIII	33
Tuberculosis of larynx	VIII	28
Tuberculosis of pleura	VIII	28
Tuberculosis of spinal column	VIII	32
Tuberculosis of trachea	VIII	28
Tuberculosis, unqualified	VIII	34
Tuberculous meningitis	VIII	30
Typhoid fever	VIII	1
Typhus fever	VIII	2
Ulcer of bladder	VII	124
Ulcer of bronchus	XIV	98
Ulcer of duodenum	III	105A
Ulcer of epiglottis	XIV	87
Ulcer of eye and adnexa	VI	75C
Ulcer of intestines	III	105B
Ulcer of mouth	III	99B
Ulcer of nasal passage	XIV	86
Ulcer of rectum	III	110B
Ulcer of skin	XV	145C
Ulcer of stomach	III	102
Ulcer of trachea	XIV	98
Ulceromembranous angina	III	100
Uncinariasis	XVIII	106
Undulant fever	VIII	3A
Union of fracture faulty	XII	146
Ureteral colic	VII	123
Ureteritis	VII	122
Urethritis, acute (nonvenereal)	VII	125
Urethritis, chronic (nonvenereal)	VII	125
Urticaria	XV	145C
Urticaria pigmentosa	XV	145C
Vaccinia	VIII	19
Valvular disease, chronic cardiac	II	79A
Varicocele	VII	83
Varix	II	83
Veldt sore	VIII	145C
Verruca peruana	VIII	55
Vertigo	XVII	189A
Vomiting, recurrent	III	103
Wart	XV	145C
Whooping cough	VIII	8
Xanthoma	XV	145C
Xeroderma pigmentosa	XV	145C
Xerosis	VI	75C
Xerostomia	III	99B
Yaws	VIII	19
Yellow fever	VIII	16
Zoster	XIII	145C

2360. SECTION 12.—INJURY (WOUNDS, ETC.).

Injury.	Navy class No.	International No.
Abrasion (state site)	XX	186
Air embolism (state site)	XX	186
Avulsion (state part)	XX	186
Blood donor	XX	189B
Burn (state site)	XX	167
Castration, traumatic	XX	186
Compression (state part)	XX	186
Contusion (state part)	XX	186
Crush (state part)	XX	186
Decapitation	XX	186
Deprivation of water	XX	177B
Diagnosis undetermined	XX	.....
Dislocation (state articulation)	XX	185A
Drowning (fatal submersion)	XX	169B
Electric shock, injury from	XX	181
Emphysema, traumatic (state site)	XX	186
Epilation, traumatic (state site)	XX	186
Epiphyseal separation (state bone)	XX	185C
Exhaustion from heat	XX	179A

SECTION 12.—INJURY (WOUNDS, ETC.)—Continued.

Injury.	Navy class No.	International No.	Injury.	Navy class No.	International No.
Exhaustion from overexertion	XX	177A	Rupture (state organ or part), traumatic (not to be used for herniæ, q. v., under diseases)	XX	186
Exhaustion from overexposure	XX	177A	Skin donor	XX	189B
Foreign body, traumatic (state site)	XX	186	Smoke inhalation	XX	168B
Fracture (state bone), compound	XX	185C	Sprain (state joint)	XX	185B
Fracture (state bone), simple	XX	185C	Starvation	XX	177B
Fracture of penis	XX	186	Strain (state muscle)	XX	186
Frostbite (state part)	XX	178	Strangulation	XX	186
Heat cramps	XX	179A	Strangulation of penis	XX	186
Hematocele, tunica vaginalis, traumatic	XX	127	Submersion (nonfatal)	XX	169A
Hematoma (state site), traumatic	XX	186	Sunburn (state site)	XX	167
Hemorrhage into eyeball, traumatic	XX	186	Sunstroke	XX	179B
Hemorrhage into (state) joint, traumatic	XX	186	Synovitis (state joint), traumatic	XX	186
Hemorrhage under conjunctiva, traumatic	XX	186	Thermic fever	XX	179A
Intracranial injury	XX	186	Torsion, spermatic cord, traumatic	XX	186
Intraspinal injury	XX	186	Urethal fever, traumatic	XX	125
Lightning stroke	XX	180	Wound, gunshot (state site)	XX	170
Multiple injuries, extreme	XX	186	Wound, incised (state site)	XX	171
Powdered glass, injury from swallowing	XX	186	Wound, lacerated (state site)	XX	186
			Wound, punctured (state site)	XX	171

2361. SECTION 13.—INJURY (POISONS).

Poison.	Navy class No.	International No.	Poison.	Navy class No.	International No.
Botulism	XXI	164	Poison (state anæsthetic), anæthesia	XXI	168B
Creatoxism	XXI	164	Poison (state substance and whether acute or chronic)	XXI	.....
Diagnosis undetermined	XXI	.....			
Insect sting	XXI	165A			
Lathyrism	XXI	59			

SECTION 14.—INSTRUCTIONS RELATING TO THE PREPARATION OF STATISTICAL REPORT (FORM K).

2371. It shall be prepared and forwarded with Forms F (rough) and F, for a whole or fraction of the quarters ending March 31, June 30, September 30, and December 31 of each year, and when a hospital, ship, or station is placed out of commission.

2372. It shall be typewritten and a copy retained for the transmitting office files. A copy shall be forwarded to the senior fleet or squadron surgeon when serving in a fleet or squadron. Ribbon copy to be forwarded to the bureau.

2373. If there have been "no sick" during the period covered by this report, it shall be so stated in the space under "disabilities."

2375. The report shall include all officers and men of the Navy and Marine Corps, and those of the native and insular forces on the active list; not supernumeraries (retired officers and men, officers and men of the Naval Auxiliary Service and Nurse Corps (female), and others). A separate Form K for supernumeraries is not required.

2377. "Date commissioned" shall always be carefully stated.

2378. "Date out of commission" will be entered as occasion requires, otherwise left blank.

2379. "Average complement" shall be obtained by dividing the total number of daily rations issued and commuted during the quarter or fraction of a quarter embraced in this report by the number of days in the quarter or fraction of the quarter, as the case may be, but the average number of officers to whom rations are not allowed must be added. (Number of rations issued and commuted may be obtained from the pay officer.) Ships, stations, and yards will not include in their average complements officers and men attached (on duty or as patients) to a naval hospital. Naval hospitals will give as an average complement, officers and men attached (on duty or as patients) to the hospital.

2380. "Inoculations" shall show the number of men, not times, inoculated.

2383. "Disabilities": (*a*) The data for this report shall be taken from Form F (rough), upon which the necessary entries shall have been made from the health record. (*b*) The sum total of the "remaining from last year," "admitted," and "readmitted" shall balance with the sum total of the other columns, excluding that of "number of sick days," and all totals shall be identical with Form F (rough).

2387. "Summary of cruise": The summary of cruise is required from all vessels, except receiving ships, whether in reserve, with Naval Militia or not, and the fact of being in one port for a whole quarter does not change this requirement. Expeditions or detachments of any nature should use this space to report their movements, giving dates of arrival and departure from any vessel or place (town or country) in which they may be operating.

2388. Dental report shall be prepared by the dental officer. (Par. 1037.)

2389. "Summary of cruise" is for cruising vessels only.

2390. "Personnel" will be filled in as called for in the columns as noted.

2391. A separate Form K for supernumeraries is not required.

SECTION 15.—REGULATIONS GOVERNING REPORTS OF DEATH, AND BOARDS OF INQUEST.

2401. Gratuity pay to designated beneficiary. R 2902 (5); R 4551 (1).

2402. Funeral expenses of an officer. R 4551 (2). Urgent deficiency act, June 15, 1917.

2403. Expenses of interment. R 4551 (3–4).

2404. Public bill for funeral expenses. R 4551 (4–5).

2405. Transportation of remains, expenses. R 4551 (5–10).

2406. Accounts of deceased. R 4552.

2407. Report of funeral expenses. R 4553.

2408. Report of death prepared in duplicate and one additional copy for commander in chief and fleet surgeon. R 2963 (1); I 5335 (8); I 1122 (8); I 5247 (36).

2409. Determination of line of duty on report of death. R 2963 (2).

2410. Report of death required as evidence for claiming pension. R 4562.

2411. Line of duty in cases of death where record is incomplete. R 4564.

2412. Deaths to be entered in the ship's log. R 2119 (1).

2413. Deaths to be reported to department and next of kin. R 2119 (2).

2414. Effects of deceased persons to be collected and inventoried. R 2119 (3).

2415. Perishable effects to be sold at auction. R 2119 (4).

2416. Papers, etc., of the deceased to be sent to legal representative or to department, or Commandant, Marine Corps. R 2119 (5–6).

2417. Discretion as to disposition of deceased's effects. R 2119 (7).

2418. Commanding officer to sign descriptive list on report of death. R 2120.

2419. Boards of inquest to be ordered in all cases of death from accident, etc. R 321 (1).

2420. At least one medical officer to be on board of inquest. R 321 (2).

2421. Duties and procedure. R 322.

2422. Opinion of medical officer as to cause of death required. R 322 (3).
2423. Death from violence. R 322 (4).
2424. Form of record of proceedings as authorized. R 323.
2425. Statement of opinion as to line of duty and whether death due to disease or injury not the result of misconduct. R 323 (2).
2426. Court of inquiry on accidents causing loss of life. R 401 (2).

SECTION 16.—GENERAL INFORMATION REGARDING REPORTS OF DEATH (FORM N.)

2431. The laws and regulations for the government of the Navy require that a record shall be made of all persons whose deaths occur in the naval service. R 20 (3). These reports are required as evidence in claims for pension and to determine the right of beneficiaries to gratuity pay. R 4551; R 4562.

2432. A report of death on the prescribed form shall be made out in duplicate in all cases, and shall be forwarded, through official channels, to the Bureau of Medicine and Surgery. From ships in the fleet one copy is marked for the commander in chief, for approval by the fleet surgeon. R 2963; I 1122 (8).

2433. In the case of the death of an officer reports are prepared in triplicate, with an additional copy for the commander in chief (and fleet surgeon).

2434. In addition to the record contained in the health record relating to the case of an officer or enlisted man of the Navy or Marine Corps whose death occurs on board ship, the name, rank, and rate, and the time of his death shall be fully entered on the ship's log (R 2119 (1)), and in the journal of the Medical Department.

2435. A report of the death of an officer of the Navy or Marine Corps who dies while on leave, waiting orders, or on special duty, and who was not under the professional care of a medical officer of the Navy, shall be requested from the physician who attended such officer during his last illness. Upon the receipt by the bureau of the report, a report of the death will be prepared and signed by the Surgeon General.

2436. Whenever an officer or enlisted man of the Navy or Marine Corps who is not under the professional care of a medical officer of the Navy dies in a civil hospital, at home, or abroad, a report of his death should be required from the proper authorities in charge and upon its receipt by the bureau a report of death will be prepared and signed by the Surgeon General. (R 4564.)

2437. Reports of death in the cases of officers and men on the retired list of the Navy and Marine Corps shall be prepared by the medical officer in charge and forwarded to the Bureau of Medicine and Surgery. In the event of any such officer or man not being under the professional care of a medical officer of the Navy at the time of his death, the statement of the civil practitioner who attended him during his last illness will be accepted, and upon its receipt by the bureau a report of death shall be prepared and signed by the Surgeon General.

2438. Upon the receipt by the bureau of the official notification of the death of an officer or enlisted man of the Navy or Marine Corps in St. Elizabeths Hospital for the Insane, a report of death will be prepared in the bureau, upon information supplied by that institution, and signed by the Surgeon General, except that when a medical officer is assigned to duty in this institution it shall be his duty to prepare and forward all such reports of death.

2439. Upon the receipt of the official notification by the commandant of the navy yard, Mare Island, Cal., of the death of an officer or enlisted man of the Navy or Marine Corps in a State hospital for insane, California, he shall cause a report of death to be prepared by a medical officer under his command.

2440. All mortuary reports (life insurance) are prepared by the Bureau of Medicine and Surgery, and the necessary data for the preparation of such records are based upon information contained in the reports of death on file in the bureau.

2441. The regulations specify that in all cases of death where the official record may be incomplete the Surgeon General shall decide as to whether such death occurrred in the line of duty. R 4564.

2442. The report of death shall contain the essential facts taken from the records of the case, without giving details of medical treatment, and the medical officer filling out the report shall be careful to state whether the disease, injury, or disability causing death did or did not originate in the line of duty, basing his conclusions upon all of the facts in his possession. If the commanding officer does not approve of the origin of the disease or injury assigned by the medical officer, it becomes his duty under the regulations to indorse on the death report his opinion and reasons therefor. R 2902 (5); R 2963 (2); and R 4564.

2443. Post-mortem examinations and autopsies: In all cases of death occurring in the Navy attended with unnatural or suspicious circumstances or where the cause of death is obscure or not apparent, and a decision as to origin and line of duty affecting pension or gratuity is involved, it becomes the duty of the medical officer to make such post-mortem examination or autopsy as will enable him to reach a conclusion as to the exact cause of death. In all such cases the autopsy must be performed in a manner requiring no more disfigurement of the body than is necessary to obtain the evidence desired (R 4551 (7)). The results of all autopsies should be fully recorded in reports of death, health records, and in the journal of the Medical Department.

Section 16.—Embalming.

2444. When the services of a professional embalmer can not be obtained and it is necessary to prepare bodies for shipment this task devolves upon members of the Medical and Hospital Corps. Full directions are given in the Handy Book for Hospital Corps, pages 175–178.

The fluid recommended is prepared by the following formula:

Formalin (40 p. c.)	mils	12.50
Borax	grams	5
Water to make	mils	100

An amount of this fluid corresponding to one fifteenth of the weight of the body should be injected into the arterial circuit (allow 493.50 mils to 1 pound)

CHAPTER 14.

SANITARY REGULATIONS AND REPORTS AND SANITARY DUTIES.

SECTION 1.—NAVY REGULATIONS AND NAVAL INSTRUCTIONS RELATING TO THE SANITARY DUTIES OF THE MEDICAL DEPARTMENT.

2501. The Medical Department is charged with inspecting the sanitary conditions of the Navy and making recommendations in reference thereto; advising the department regarding sanitary features of ships, selection of hygienic sites for and hygienic construction of buildings, barracks, and camps; advising about water supplies and drainage, clothing and food, in so far as these influence health, and safeguarding the personnel by employment of the best methods of hygiene and sanitation afloat and ashore. R 133; R 2901 (1).

2502. The Red Cross to constitute part of sanitary service of naval forces. R 3861 (1).

SECTION 2.—NAVAL INSTRUCTIONS RELATING TO THE SANITARY DUTIES OF THE COMMANDER IN CHIEF.

2511. To regulate sanitary duties in instructions to his command. I 902.

2512. To inspect hospitals and hospital ships within his command. (R 2918); I 908.

2513. To report infectious or contagious diseases among ships of fleet. I 916 (3)*c*.

2514. Yearly report to contain sanitary condition of command, percentage of sick, number of deaths, and number sent to hospital and invalided home. I 916 (4)*d*.

2515. Precautions on unhealthful stations. I 952 (1).

2516. Health of ports visited. I 952 (2).

2517. Restriction or deprivation of liberty. I 952 (2)*a*.

2518. Restriction of communication. I 952 (2)*b*.

2519. Restriction of supplies. I 952 (2)*c*.

2520. Modification of routine and drills. I 952 (2)*d*.

2521. Control of conditions affecting health. I 952 (2)*e*.

2522. Precautions in Tropics. I 952 (3).

2523. Anchorage in infected ports. I 952 (4).

2524. Sanitary instructions of department to be observed. I 952 (5).

2525. Precautions to be taken to preserve health of troops embarked. R 1631.

SECTION 3.—NAVY REGULATIONS AND NAVAL INSTRUCTIONS RELATING TO THE SANITARY DUTIES OF THE COMMANDING OFFICER.

2531. He shall frequently consult with the medical officer in regard to the sanitary condition of the crew. R 20 (8).

2532. Prison spaces to be reported upon. R 1431.

2533. To use all proper means to preserve health of crew. R 2044.

2534. To observe the instructions contained in I 952 (sanitary duties of commander in chief). R 2112.

2535. Liberty dependent upon local sanitary conditions. R 3670 (2).

2536. Destruction of clothing to prevent spread of disease. I 1351; I 4750.

2537. Survey of insanitary articles. I 4735.

2538. Fires in warm weather to be extinguished as soon as practicable, having in view comfort of crew. I 2607 (1).

2539. Lights reduced unless required for comfort of crew. I 2607 (3).

2540. Sufficient light to be supplied for reading. I 2607 (8).

2541. Regular boat trips to be made when sanitary conditions permit. I 2608 (1).

2542. Ship to be kept clean, dry, at a comfortable temperature, lighted, ventilated, etc. I 2617 (1).

2543. Exposure of crew to sun, wet, contagion, etc., to be avoided. Commanding officer to consult medical officer regarding measures to preserve health of crew; men suffering from disease not to have liberty except upon recommendation of the medical officer; division officers to inspect clothing of men as to cleanliness; clothing wet with perspiration to be washed and dried before storing; bedding to be aired once a week and mattresses picked over and tickings washed once a year; blankets to be washed as often as necessary. I 2617 (1-6).

2544. Cooking and mess utensils to be clean; food wholesome and well cooked, and water approved by medical officer. I 2618 (5).

2545. No harbor water to be used on decks where water-borne diseases are prevalent, or where contaminated by sewage, animal matter or refuse. I 2621.

2546. Commanding officer to be informed by executive officer relative to physical capacity of crew. I 1402.

Section 4.—Navy Regulations and Naval Instructions Relating to the Sanitary Duties of the Fleet Surgeon.

2551. See "Duties of the Fleet and Division Surgeon," chapter 7. I 1122.

Section 5.—Navy Regulations and Naval Instructions Relating to the Sanitary Duties of the Medical Officer of a Ship.

2561. To report infectious and contagious diseases. R 2952.

2562. To report on sanitary condition of the port. R 2953.

2563. Sanitary suggestions and recommendations to the commanding officer. R 2954.

2564. To report on diseases among personnel with appropriate recommendations. R 2955.

2565. Inspection of food for sick. R 2959.

2566. Sanitary data prescribed in Manual to be obtained in foreign ports (see *infra* "Medical Reports of Office of Naval Intelligence"). R 2966 (1).

2567. To report upon epidemics of contagious disease in West Indian ports, etc. R 2966 (2).

2568. To inspect provisions of the crew. I 2110.

2569. To examine cooking and drinking water from shore. I 2112.

2570. To inspect fresh provisions (junior medical officer). (I 2618 (2)); I 2113 (1).

2571. Food and drink in bumboats (junior medical officer). (I 2514 (6)); I 2113 (2).

2572. The medical officer to inspect cells and prisoners. (R 1431); I 2114.

2573. To accompany first lieutenant on weekly inspection. I 2115.

2574. Yearly sanitary report to department (Bureau of Medicine and Surgery). (In duplicate, one copy marked "For the commander in chief.") I 2127.

2575. Hospital Corps to be instructed in personal and ship hygiene. I 2642 (1).

2576. Vaccination of crew upon commission and thereafter. I 2103; I 3211.

2577. Typhoid prophylactic to be administered to all persons. I 3212.

2578. Urgent repairs for sanitary reasons. I 4301 (1).

2579. Follow regulations and practice established by "Fleet Regulations" of the force to which ship is assigned.

SECTION 6.—NAVY REGULATIONS AND NAVAL INSTRUCTIONS RELATING TO THE SANITARY DUTIES OF OFFICERS IN HOSPITALS (AND HOSPITAL SHIPS).

2581. Medical officer in command of hospital (and hospital ship) responsible for its cleanliness. R 2919 (1).

2582. Inspection of provisions at hospitals (junior medical officer). I 3225.

2583. Medical officers in charge of hospital wards held responsible for their neatness and good order. I 3228.

2584. Sanitary report from hospitals to be submitted yearly to department (Bureau of Medicine and Surgery). I 3259.

2585. Harbor regulations to be observed by hospital ships. I 4015.

2586. Master of hospital ship to observe regulations regarding cleanliness of ship and crew. I 4017 (7).

SECTION 7.—NAVY REGULATIONS AND NAVAL INSTRUCTIONS RELATING TO THE SANITARY DUTIES OF A MEDICAL OFFICER ON A SHORE STATION.

2591. To supervise hygiene of station and recommend measures to diminish disease; to examine monthly and note in journal the sanitary condition of buildings, etc., and report thereon. R 2901 (2).

2592. Officers and men at navy yards and naval stations to notify medical officer of existence of contagious diseases in their quarters. R 4006 (8).

2593. Sanitary report (yearly) to department (Bureau of Medicine and Surgery). I 3259.

2594. Commanding officer of marines to see that sanitary regulations are enforced in barracks. I 3578.

2596. Commanding officer of naval prison responsible for sanitation of the prison. (Art. 9, Rules and Regulations, Naval Prisons and Prison Ships.)

2597. Report on operations of the prison to include a separate report from the medical officer. (Arts. 25, 60, Rules and Regulations, Naval Prisons, etc.)

SECTION 8.—SANITARY DIRECTIONS FOR THE MEDICAL OFFICER OF A SHIP.

2601. It is the duty of the medical officer to make recommendations to the commanding officer relating to the sanitary and hygienic condition of the ship and crew. (R 20 (8); R 2954; R 2955); I 2617 (2).

2602. Strict attention should be paid to ship ventilation and inspections made to see that every care is taken to utilize to the best advantage the methods provided for the proper supply and renewal of the air. I 952 (2)*d*; I 2617 (1).

2603. Only distilled water should be used for drinking and culinary purposes. In ports where cholera, typhoid fever, or dysentery prevail either in a sporadic or in an epidemic form the use of harbor water on any of the decks should not be permitted. This prohibition should also apply where the harbor water is contaminated by sewage, animal matter, or refuse. I 2621.

2604. Careful attention should be given to the food supply, and in localities where night soil is used for fertilizing purposes none of the vegetables ordinarily eaten uncooked should be allowed on board. R 2959; I 2110; I 2113; I 2618 (2).

2605. Clothing adapted to the climate should be worn, with prompt changes to meet varying changes of the weather. The wearing of white should be confined to days when the thermometer is not below 80 F. Seventy-five degrees Fahrenheit at 7 a. m. is suggested as the standard for prescribing clothing of white as the uniform of the day. Bathing over the ship's side should not be allowed when the water is below 70 F., nor when the water is contaminated by sewage or refuse, nor until the ship's heads have been closed for an interval prior to the swimming call. Midday bathing in the Tropics should not be per-

mitted under ordinary circumstances when protection from the direct rays of the sun is impossible. Clothing that has been wet by perspiration should always be dried before being rolled up or stowed away. I 2617 (2) (3).

2606. Infected ports should be avoided when practicable. An anchorage in malarial and in infected ports should, whenever practicable, be selected to windward of and at a suitable distance from the probable source of infection. I 952 (4).

2607. Upon arrival in unhealthy ports information regarding the health of the neighborhood shall be immediately obtained, and in the event of the prevalence of infectious diseases such precautionary measures should be adopted as are consistent with the necessities of the ship and the exigencies of the service. (R 2953; I 952 (2).)

2608. Should it be found that the port or neighborhood is unhealthful on account of the prevalence of an infectious or contagious disease, the precautionary measures indicated in articles I 952 and I 2617 should be recommended, as well as others deemed advisable.

2609. The crew should be exposed as little as possible to the rays of the sun. At anchor in the Tropics during the hot season, ship's boats when lowered should keep their awnings spread between the hours of 8 a. m. and 4 p. m. regardless of the disposition of the ship's awnings. Ship's awnings should be spread as much as practicable for protection from sun in the day and from dew and rain at night. The provisions regarding awnings should not apply in cloudy weather nor when high winds prevail.

2610. After sunset the crew may be required to dress in blue, and if they sleep on deck they should remain under cover and be protected from falling dew and inclement weather. When unavoidably exposed to rain, prompt shifting into dry clothing should be enforced and the body should be vigorously rubbed with a rough towel.

2611. In getting under way from polluted harbors the mud on the anchors and chains should be carefully removed.

2612. Every person in the naval service should be afforded such protection from smallpox as is secured by vaccination. Each person not successfully vaccinated during his enlistment should be revaccinated as soon as practicable, and it should be repeated until the medical officer is satisfied that he is protected. The medical officer should satisfy himself that all the personnel is protected against typhoid fever and has had the prescribed antityphoid prophylactic injections. When frequent transfers render difficult the administration of antityphoid inoculations at 10-day intervals this period may, in the discretion of the medical officer, be reduced to 7 days, unless violent reaction follows first injection.

A special report should be made of illness considered to be typhoid, stating whether the diagnosis is confirmed by laboratory findings, the number and dates of antityphoid inoculation, and if not administered the reasons for its omission. (M. & S. No. 124527.)

2613. All ships cruising in the Tropics, and particularly in latitudes where yellow fever and malaria usually prevail, should be provided with an ample supply of mosquito nets, and under no circumstances should camping parties be sent from the ship without being furnished with such protection.

2614. Whenever a contagious or infectious disease appears on board ship every precautionary measure consistent with the exigencies of the service should be adopted to prevent its spread. Official reports should be made to commanding officer and through him to commander in chief.

2615. Whenever cholera, yellow fever, smallpox, or other infectious or contagious disease appears on board ship the following measures should be carried out:

(*a*) The prompt removal of the patient or patients to a hospital whenever such removal is possible.

(*b*) The isolation of those affected, and the segregation under observation of the exposed. The establishment of a camp on shore may be advisable, to com-

prise a reception unit, a camp of observation (incubation), a camp of suspects, hospital, and clean camp. (See Sanitary Directions for Landing Parties.)

(*c*) The prompt disinfection and fumigation of the apartments occupied by the patient; also the disinfection of the bedding, clothing, and any other articles that may be deemed necessary or desirable, and the investigation and removal of any local cause.

(*d*) When the disease is cholera or yellow fever, the ship, if in an unhealthy port, should leave as soon as practicable and measures should be instituted for the thorough disinfection of the ship. (See ch. 15, par. 2782.)

(*e*) When malaria, dengue, or yellow fever appears on board ship the patient or patients shall be thoroughly screened with mosquito netting, and measures taken at once for the extermination of all mosquitoes on board and for preventing their reimportation. In localities where mosquitoes and flies are prevalent, the thorough screening of all patients with active specific diseases and typhoid fever is advisable. The disinfection of the clothing and bedding of yellow-fever patients and of their apartments is not deemed necessary except for the purpose of destroying mosquitoes.

(*f*) All patients with pulmonary tuberculosis and those suspected of being tuberculous shall be carefully instructed how to dispose of sputum without danger to others. Such cases, until transferred to hospital, should also be required to mess apart from others and to use separate mess gear, which shall be sterilized by boiling after use.

2616. Whenever in the opinion of the medical officer it becomes necessary to disinfect the ship the appropriate measures noted under "Disinfectants," chapter 15, section 5, should be carried out. (See also par. 2782.)

2617. As a means of preventing the spread of disease on board ships not provided with the sanitary scuttle butt terminals, the scuttle butt cup should be kept submerged in a solution of formaldehyde (1–2500). A metallic bucket, painted white, with a Geneva cross, may be attached to the scuttle butt for this purpose. The medical officer should see that the bucket is kept properly supplied with the proper solution, and require that some person be responsible for its cleanliness.

On board ships provided with the sanitary scuttle butt terminals efficient and frequent measures should be taken to insure an absence of infection in the terminals themselves, such as a daily flaming with blowtorch, etc.

2618. When men are required to work in compartments containing lead-laden dust from chipping red lead some type of respiratory mask should be provided to minimize the danger of lead poisoning, and thorough washing of the hands before eating insisted upon. The chewing of tobacco while working with lead or lead compounds should be prohibited. (M. & S. Circular Letter 124713.)

Section 9.—Sanitary Directions for Landing Parties in Camp.

(*See also* Notes on Military Hygiene; Landing Force, and Small Arms Instructions, 1912, and Expeditionary Service, chap. 10, secs. 3–5.)

2621. Medical officers accompanying landing parties shall, in general, be guided by the following rules:

(*a*) Camping sites: Camping sites will be selected by the officer in command of the encampment upon the recommendation of the senior medical officer. Camps should be pitched on dry, elevated land, with natural drainage, remote from and to windward of marshes and, if possible, with hills and trees intervening. Tents should have their openings facing away from all marshy soil and the cots of all officers and men should be provided with mosquito nets, to be used as a protection against the spread of disease by means of these insects.

(*b*) No site should be used as a camp or halting station that has been previously employed for similar purposes if it can be avoided. Except in cases of urgent necessity neither the temporary nor permanent occupation of buildings should be allowed for quartering men. The camp should be so placed that the

prevailing wind will blow toward possible breeding places for mosquitoes and will not blow dust and flies from the latrines toward the kitchens.

(*c*) Water supply: No water other than distilled water, except boiled water, shall be used for drinking or cooking purposes if practicable. When water can not be boiled a sedimentation and filtration process is desirable. Use barrels or boxes with sand, pebbles, and charcoal for this purpose. Disinfect sand and pebbles by prolonged heating before constructing filter. Cooking utensils and dishes used to contain food should be washed in water that has been boiled. Water collected from streams and wells is always suspicious and should be boiled before using, thus preventing the appearance of typhoid fever, cholera, and dysentery. On going into camp the water supply should be immediately placed under intelligent supervision, and its approach protected by boards, rails, or logs, even in temporary camps.

Experiments have shown that one gram of hypochlorite of calcium (30 per cent chlorine) in 40 gallons of water (1/500,000) will destroy all pathogenic organisms in 10 to 30 minutes, even though the water be heavily infected. This is the simplest and most practical method for purifying drinking water in the field and on the march.

(*d*) Suitable clothing should be provided to meet probable vicissitudes of the weather. The men should be sheltered from rain and night dews and from the direct rays of the sun. Under no circumstances should the men be allowed to sleep in wet clothing.

(*e*) The men should not be permitted to sleep on the ground nor without cover, nor should they be permitted to go about in their bare feet. When exposed to a hot sun the men should wear fresh green leaves or handkerchiefs, moistened with water, inside of their hats or caps. During the heat of the day only absolutely necessary work should be done.

(*f*) Food: The food should be inspected before and after cooking, and the men should breakfast previous to any exposure and as soon as practicable after turning out. Fruits which are ripe and sound and which are skinned or cooked before eating are not objectionable. Lime and lemon juice if available can be used freely. The use of any article of diet not embraced in the Navy ration should be allowed only upon the recommendation of the medical officer. Meals should be served warm and at regular hours and carefully protected from flies. The guard at night should have coffee and biscuit before going on duty, and this should also apply to relief parties.

(*g*) All officers and men should be cautioned against excessive fatigue, overcrowding, and exposure to humidity and to abrupt changes of temperature.

(*h*) Latrines: Latrines should be placed to leeward and below the camp and as far as practicable away from the water supply and kitchens. Dry earth, sand, or lime should be scattered over the contents of the pits every morning and evening, or these may be covered with kerosene, which may be set afire, or with crude carbolic acid and water.

(*i*) Camp refuse: All refuse from the camp should be buried in pits or burned in an incinerator. All choleraic, enteric, and dysenteric discharges should be burned or buried after disinfection. The grounds and tents should be kept thoroughly clean, and should be inspected daily, or oftener, if necessary, by the medical officer and by policing officer and his party.

(*j*) Quarantine: In the event of any contagious or infectious disease making its appearance in the neighborhood of the encampment, the camp should be placed in a state of quarantine against the natives and all other persons coming in from the infected locality, and intercourse should be permitted only under special regulations.

(*k*) The senior medical officer of the encampment should cause to be made thorough inspection daily of all parts of the camp, and should report all violations or noncompliance with the sanitary instructions of the officer in command.

(*l*) Should contagious disease appear among the men in camp, it may be advisable to establish a contagious-disease camp, which should be located with reference to proper isolation of the sick, accessibility, and the necessary facili-

ties. It may be arranged with a reception unit for inspection and disinfection, those passing inspection to go to a clean camp or to a camp of observation. Those not passing inspection should be sent either direct to a hospital (disease present) or to a camp of suspects. Cases remaining under observation, if passing the period of incubation for the disease in question, may be returned to the clean camp. If suspicious cases appear among those under observation or in the clean camp, they are passed to the camp of suspects or to hospital.

(*m*) The accumulation of vegetable refuse, garbage, waste paper, old rags, manure or fecal matter unprotected from flies should be prohibited, as these form favorable breeding grounds for insects. If practicable, thorough screening of all places in which food is prepared or served shall be done as soon as possible. (M. & S. 124733.)

Section 10.—Navy Regulations and Naval Instructions Relating to Sanitary Reports.

2631. Monthly reports on shore stations. R 2901 (2).

2632. Medical officer of ship to report immediately any infectious or contagious disease (R 2952) (I 916 (3)*e*); to report health of the port (R 2953); to report presence of disease among personnel (R 2955); to obtain sanitary data for bureau (Intelligence reports), (I 2511) (R 2966 (1); to report prevalence of diseases in West Indies, etc. (R 2966 (2); to report sanitary deficiencies of ships (I 2101); to make sanitary report on January 1 to department (Bureau of Medicine and Surgery) in duplicate (I 2127). See also 2579.

2633. Fleet surgeon to prepare and forward general sanitary report at end of year. I 1122 (8).

2634. Medical officer of shore station to submit on January 1 a sanitary report to department (Bureau of Medicine and Surgery). I 3259.

2635. Medical officer in command of hospital to submit a sanitary report on January 1 to department (Bureau of Medicine and Surgery). I 3259.

Section 11.—General Instructions Relating to Sanitary Reports.

2641. All medical officers in charge of medical departments ashore and afloat, including hospitals, navy yards, naval stations, and marine barracks, and marine detachments, are required by regulations (I 2127, I 3259) to prepare and forward through official channels to the department (Bureau of Medicine and Surgery), on January 1, reports relating to all matters of sanitary and professional interest coming under their observation during the previous year. These reports should be in triplicate, one being retained in the files of the Medical Department, and one, in the case of ships, being marked "For the commander in chief."

2642. For the compilation of sanitary reports, notes, data, and memoranda of value in the preparation of the yearly sanitary report shall be made and placed in the files in order to be available on January 1 by the medical officer then in charge. Senior medical officers when detached shall be careful to see that such data are available for the use of their successors.

Section 12.—Preparation of Sanitary Reports.

In the preparation of sanitary reports the following outlines of the main subjects to be treated will be used for the guidance of medical officers.

2651. Hospitals: (*a*) Condition of hospital building, including administrative building, offices, wards, and building for the treatment of infectious diseases; the topography of the hospital grounds, with suggestions and recommendations for sanitary improvement; the water supply, whether satisfactory for all purposes; provisions in case of fire, the drainage and sewerage systems employed, and methods for the disposal of garbage and excreta; the heating,

ventilating, and lighting facilities; the general sanitary arrangement and condition of all buildings included in the hospital grounds, and any recommendations that may be deemed advisable for improvement; the operating room, whether constructed to meet modern surgical requirements; its equipment and fittings; the condition of the floors and walls of all hospital rooms and wards, and if supplied with sanitary furniture; the dietetic appointments of the hospital, the quality of the food supply, the fuel supply, laundry and sterilizing apparatus; methods for the transportation of the sick and injured, the kinds of stretchers used, ambulance service, and the regulations adopted by the hospital for such service; the personnel of the hospital, including the Hospital Corps, nurses, watchmen, firemen, cooks, laundresses, attendants, etc. All recommendations relating to increased efficiency in the duties of the Hospital Corps and Nurse Corps; reports upon all operations performed during the calendar year, and a general summary dealing with the treatment of disease; facilities afforded by the hospital for the treatment of all cases of contagious disease; facilities afforded by the hospital for bacteriological and chemical work; and facilities for the disposal of the dead.

(*b*) Recommendations regarding new construction or repairs and improvements to buildings and grounds should be forwarded as an appendix to the sanitary report, entitled "Public works." Items should be arranged in the order of their relative importance and performance during the current calendar year and under the two headings "Necessary" and "Desirable," with an approximate estimate of the cost of each item of work.

It should be borne in mind that work which of itself may be of the greatest ultimate importance might be of minor importance for immediate performance and items unauthorized one year may occupy an entirely different relative position in work recommended in a subsequent year.

In order that these recommendations may be before the bureau at the earliest practicable date this appendix should be submitted separately, if for any reason the complete sanitary report should be unavoidably delayed.

2652. The yearly sanitary report from navy yards and naval stations shall include a general description of the grounds and buildings, with such sanitary suggestions and recommendations as may be deemed necessary. Monthly sanitary reports from navy yards and naval stations (including receiving ships) for the information of the Bureau of Medicine and Surgery shall be forwarded through the commandant in accordance with the provisions of article R 2901 (2). Ships in reserve at a navy yard, in commission, to which a medical officer is attached or assigned to duty, will not be included in the monthly sanitary report made by the senior medical officer of a naval station.

2653. Ships: Form for sanitary reports. The title-page shall read as follows:

Sanitary Report
of the
U. S. S. _____
for the year 19—.

The second page shall contain a table of contents with index of pages.

Sanitary reports from ships, while embracing matters of general sanitation and professional interest, shall give special attention to information and recommendations tending to promote military efficiency through the maintenance of physical fitness in the personnel. (I 2127.)

The personnel.—Complement of officers and men; percentage of sickness and mortality; general health; epidemics; venereal disease; vaccinations.

Structural details of ship in their sanitary aspects.—Number of decks and number of men berthed on each deck; cubic air space allowed each man; ventilation, amount, means, defects, and remedies; lighting, amount, means, defects, and remedies; heating, amount, means, defects, and remedies; water, source, composition, supply, and preservation; sanitary fittings, water-closets, and urinals; bathing facilities.

Navy ration.—Quality, preparation, and composition; the general messing system; ship's stores; ice machine and refrigerating rooms; location of the ship's galley.

Clothing.—Adaptability for different climates, its texture and durability; ship's laundry, capacity and efficiency.

Cells for prisoners.—Number and location; cubic capacity, ventilation, heating, lighting, and sanitary policing of each cell. (R 1430; R 1431.)

Medical and surgical supplies.—Quality and quantity.

Facilities for the treatment of the sick.—Sick bay; location, capacity, number of berths, equipment and fittings, ventilation, lighting, and heating; dispensary, location, cubic capacity, equipment and fittings, ventilation, heating, and lighting; medical storeroom, location, capacity, ventilation, lighting, and arrangements for storing surgical and medical supplies. Similar information will be furnished regarding operating rooms, isolation wards, and venereal treatment and prophylaxis rooms, if the ship is provided with them.

Stations in battle.—Battle dressing stations; arrangements for the care and transportation of the wounded.

Hospital Corps.—Hospital Corps drill; instructions in first aid; transportation of the wounded; apparatus employed in handling the wounded.

General hygienic considerations, suggestions, and recommendations.

2654. Whenever the opportunity presents itself medical officers shall, if practicable, submit to the Bureau of Medicine and Surgery all information of a sanitary and professional interest pertaining to foreign naval medical establishments.

2655. When cruising on foreign stations or in waters beyond the continental limits of the United States, medical officers desiring to report in full upon the sanitary condition of the various ports visited by the ship will use the following outline:

(*a*) Location, population, and climate: (a) Latitude and longitude, general altitude above the sea level; (b) meteorological observations, including direction, velocity of the prevailing winds, records of the relative and absolute humidity, barometric conditions, and temperature records for specified periods of time; (c) drawing or tracing, if practicable, of the port or the city.

(*b*) Medical topography: (a) Character of surrounding country, undulating, hilly, mountainous, or low and marshy; (b) direction and distance of the nearest hills or mountains; (c) influences of the topographical features in the immediate vicinity upon the health conditions of the port; (d) area of the city or port on mainland; (e) streams of water or canals passing through the city or port, current, whether rapid, moderate, slow, or sluggish; (f) portions of the city or port subject to overflow; if so, its bearing on the health of the port; (g) diseases attributable to the conditions of the soil or geographical formation.

(*c*) Water supply: (a) Source of water supply, stating whether there are any towns, villages, factories, or other sources of contamination located upon the river or stream above the point at which the water is collected; (b) distance from which the water is brought, in what form of conduit, capacity of pipe, and number of reservoirs; (c) the processes, if any, that are used for filtering or purifying, other than by settling in the reservoirs; (d) the average daily amount of water flowing into the reservoirs and the storage capacity of each reservoir; (e) the average daily amount for each inhabitant, and the amount of water stored in the reservoirs available in case of fire; (f) the quality of the water, including its physical, chemical, and bacteriological examination, the facilities possessed by the city or port for conducting such examination; (g) the use of cistern, well, or spring water; diseases, if any, attributable to such use.

(*d*) Drainage and sewerage: (a) The system of sewerage; (b) how constructed, methods adopted for keeping it free from obstruction; (c) proportion of the area of the city or port not sewered; (d) does the surface drainage pass into the sewers, and if so, is their capacity sufficient in heavy storms; (e) disposition of the sewage, how collected, how utilized; (f) the system or method by which the sewers are ventilated; (g) the methods of lighting the city or port, whether by gas or electricity.

(*e*) Hospitals: (a) The number of hospitals in the city or port, furnishing, if practicable, a tracing or drawing of each of them; (b) the location of each hospital, nature of soil, direction and character of drainage, shape and area of grounds, number of rooms and beds for pay patients, number of wards and beds for charity patients, number of stories, number and size of wards, floors and cubic space for each bed, accessibility for landing patients transferred from ships, regulations relating to admission of patients from men-of-war; (c) the heating, ventilating, lighting and sanitary arrangements, protection in case of fire, and whether the building is fireproof, operating rooms, X-ray and laboratory facilities, contagious wards, screening; (d) the date, if practicable, when the hospital was erected, and whether constructed on the pavilion plan; (e) the operating room, paying special attention to its equipment and fittings; (f) quality and quantity of food supply; (g) transportation of the sick and injured, kinds of stretchers used, whether the hospital is provided with elevators and ambulances, and the regulations relating to ambulance service; (h) management of the hospital, whether by trustees, municipal boards, religious orders, or under the control of medical men, method of appointment of the medical and surgical staff, and the manner of appointment and the number of hospital internes; (k) the nursing staff of the hospital, the number employed, and the rules relating to their duty; (l) all practicable data bearing upon the regulations pertaining to hospital management, and information dealing with the treatment of disease.

(*f*) Information relating to health laws and regulations.

(*g*) Quarantine: Information relating to national, State, or municipal laws or regulations, furnishing copies, if practicable, of all such laws, ordinances, and regulations. (See 2579.)

SECTION 13.—SANITARY DATA REQUIRED IN INTELLIGENCE REPORT.

2661. Form N. N. I. 77.

INTELLIGENCE REPORT.

[Forward direct to the Office of Naval Intelligence.]

U. S. S._____

Date_____

Name of city or town:

MEDICAL REPORT.

[This report should be made by a medical officer.]

Population of city or town.

HEALTH CONDITIONS.

Epidemic diseases:
Endemic diseases:
Venereal diseases, and also any available information concerning prevalence and status of prostitution:

MEDICAL TOPOGRAPHY.

[With reference to influence upon health conditions.]

Temperature, average day, ____; night, ____; yearly maximum, ____; yearly minimum, ____.
Prevailing winds:
Prevalence of mosquitoes, flies, etc.:

Rainfall:
Drainage:
Sewerage:
Height above sea level:
Camping sites:
Water supply—
    Quantity:
    Quality:
    Method of collection:
    Method of purification:
Food: Character and sanitary condition of hotels and restaurants, etc.:
Availability of surgical and medical supplies:
Structures suitable as emergency hospitals:
Quarantine regulations:
Local laws or regulations regarding disinterment should it be desired to send remains home:
Facilities for cremation:

2662. There is published by the Bureau of Medicine and Surgery a Naval Medical Bulletin for the information of the medical officers of the service. Reports of interesting cases, sanitary measures advocated, new devices suggested, etc., original articles on topics of general and special professional interest are solicited from all medical officers. Contributions should be on one side of the page, typewritten if possible, double spaced, and carefully punctuated and paragraphed to reduce the necessity for emendation by the editor. Special accuracy as to names, editions, etc., should be observed in all references and quotations from other periodicals. It is assumed that original articles contributed for the Bulletin have not appeared and are not to appear in other publications except by previous agreement with the editor.

CHAPTER 15.

BILLS OF HEALTH, QUARANTINE, AND DISINFECTION.

SECTION 1.—LAWS RELATING TO QUARANTINE AND BILLS OF HEALTH.

2701. The public health. Secs. 4263, 4792–4800, R. S.

2702. Vessels from foreign ports not to enter in violation of this act or State health laws. Act. Feb. 15, 1893.

2703. Permanent appropriation for preventing epidemics, to be expended in discretion of President. Act Mar. 3, 1893.

2704. Bills of health to be obtained from consul. Acts Feb. 15, 1893; Aug. 18, 1894.

2705. Quarantine service, punishment, etc., upon quarantine grounds. Act Aug. 1, 1888.

2706. Contagious diseases, to prevent the spread of, from one State to another, etc. Act Mar. 27, 1890.

2707. Additional quarantine powers and additional duties of the Public Health Service. Act Mar. 2, 1901, amending act Feb. 15, 1893.

2708. To further protect the public health. Act June 19, 1906.

SECTION 2.—NAVY REGULATIONS AND NAVAL INSTRUCTIONS RELATING TO QUARANTINE AND BILLS OF HEALTH.

2711. Commanding officers required to comply strictly with all quarantine regulations. R 3801 (1).

2712. To afford every facility to health officers. R 3801 (2).

2713. No communication to be held with shore until pratique is granted. R. 3801 (3).

2714. Procedure upon arrival in a port with a quarantinable disease. R 3802 (1).

2715. To arrange for care of patients on shore or on board a hulk. R 3802 (2).

2716. When at sea with quarantinable disease to hoist and keep flying the quarantine flag. R 3802 (3).

2717. Arriving vessels not to be boarded if suspected subject to quarantine. R 3803 (1).

2718. Communication with vessels at sea, if from a suspected port, to be reported to health officer upon arrival in port. R 3803 (2).

2719. Circumstances that may subject a vessel to quarantine not to be concealed. R 3803 (3).

2720. Before proceeding to sea commanding officer shall require the medical officer to procure bill of health when necessary or advisable. I 1312.

2721. Unless otherwise directed, the medical officer shall procure a bill of health. I 2126 (1).

2722. Upon arrival in port medical officer to receive health officer, etc. I 2126 (2).

SECTION 3.—GENERAL INFORMATION RELATING TO QUARANTINE AND QUARANTINE REGULATIONS.

2731. The Public Health Service recognizes as quarantinable the following diseases:

(*a*) Cholera, period of incubation, 5 days.
(*b*) Yellow fever, period of incubation, 5 or 6 days.
(*c*) Smallpox, period of incubation, 14 days.
(*d*) Typhus fever, period of incubation, 12 days.
(*e*) Plague, period of incubation, 7 days.
(*f*) Leprosy: If an alien, not permitted to land. If a citizen, the case is dealt with according to the State laws of the port of entry.

2732. 146. Vessels of the Navy may be granted the hereinafter-stated exemptions from quarantine regulations, but are subject to quarantine inspection upon arrival at a port of the United States.

147. The certificates of the medical officers of the Navy as to the sanitary history and condition of a vessel and its personnel may be accepted for naval vessels by the quarantine officer boarding the vessel in lieu of an actual inspection.

148. Vessels of the Navy having entered the harbors of infected ports, but having held no communication which is liable to convey infection, may be exempted from the disinfection and detention imposed on merchant vessels from such ports. (Quarantine Laws and Regulations, Treasury Department, 1910, arts, 146–148.)

2733. On entering port, in addition to the bill of health, the senior medical officer of the ship shall be prepared to furnish the quarantine officer, if required, with a statement relative to the health conditions prevailing on board ship. Certain diseases of a contagious or infectious character, not included among the quarantinable diseases under the quarantine laws and regulations of the Treasury Department, such as the exanthemata, diphtheria, cerebrospinal meningitis, etc., will ordinarily be viewed by local or State authorities as constituting quarantinable diseases and their presence on board should be considered as rendering the vessel subject to quarantine restrictions. All such diseases should be fully reported to the inspecting health officer.

2734. If, in the opinion of the quarantine officer, a pilot has been exposed to infection upon boarding a vessel with quarantinable disease on board, he may be detained in quarantine a sufficient length of time to cover the period of incubation of the disease in question. (Quarantine Laws and Regulations, 1910.)

2735. Jurisdiction in matters of sanitation and quarantine in the waters of Colon and Panama is exercised by the United States authorities of the Canal Zone, and in the case of vessels entering the ports of Colon and Panama. In all ports in the Canal Zone original bills of health in duplicate are required to be obtained by masters of vessels clearing from any foreign port or any port in the possessions or other dependencies of the United States. (Executive Order No. 1761, of Apr. 15, 1913.)

SECTION 4.—BILLS OF HEALTH.

2741. (*a*) Naval vessels clearing from one United States port for another United States port do not ordinarily procure a bill of health for presentation at the port of arrival. Local or State authorities at the port of arrival may, however, require the exhibition of a bill of health under special circumstances, such as when some epidemic disease exists at the port of departure, and under such circumstances it is advisable for the medical officer to procure a bill of health.

In certain ports of the United States both National and State quarantine regulations are enforced, so that pratique may have to be claimed and

obtained from both. Quarantine expenses (bills of health and pratique) are a charge against "Pay, miscellaneous." (For decision as to the liability of a naval vessel for the payment of quarantine charges growing out of a State law, see Official Opinions of the Attorney General, 1906, vol. 25, p. 234.)

(*b*) A naval vessel from a United States port to a port in the Canal Zone or the possessions or other dependencies of the United States should secure a bill of health from the customhouse, or the port authorities or other official. (In some ports a medical officer of the Public Health Service is authorized to issue bills of health.)

(*c*) Naval vessels sailing from a United States port to a foreign port should always procure a bill of health from the proper authorities and have it viséed by the consular or other representative of the country or countries of ports of call, if such ports can be determined upon prior to sailing. It is sometimes advisable to secure bills of health for several ports to which the vessel might go, when definite information of the exact destination is not procurable. A naval vessel sailing from a foreign port to another foreign port should likewise procure and have viséed a bill of health.

(*d*) A vessel leaving a foreign port for a home port should obtain a bill of health from a port official and also a United States consular bill of health at a port where the issue of consular bills of health is customary or from United States public health officer if one is stationed there.

(*e*) The following data are usually required when applying for a bill of health:

Name of vessel.
Tonnage.
Number of guns.
Name of captain.
The number of souls on board.
Destination.

2742. Supplemental bills of health (if call is made at some intermediate port or ports) should be obtained and be properly viséed. "Vessels clearing from a foreign port or from any port in the possessions or other dependencies of the United States for any port in the United States, its possessions or other dependencies, and entering or calling at intermediate ports, must procure at all said ports a supplemental bill of health in duplicate signed by the proper officer or officers of the United States, as provided in the law. If a quarantinable disease has appeared on board the vessel after leaving the original port of departure, or other circumstances presumably render the vessel infected, the supplemental bill of health should be witheld until such sanitary measures have been taken as are necessary." (Quarantine Laws and Regulations, 1910.)

2743. Bills of health for naval vessels in the fleet may be procured for the fleet as a whole by the fleet surgeon if no diversion of individual ships is contemplated. Bills of health for individual ships should always be procured, however, in the absence of orders to the contrary, in view of the fact that a ship may at any time be detached from the fleet and ordered to operate singly.

The medical officer of a ship is not relieved from responsibility for the health of his ship's personnel by the activities of division or fleet surgeon and should personally ascertain and keep his commanding officer informed of the health of every port visited.

2744. Bills of health for naval vessels and indorsement by consular officers are usually extended gratis. Any expense involved in procuring bills of health or in quarantine is a charge against appropriations not under the Bureau of Medicine and Surgery.

2745. In the United States a medical officer procures a bill of health by applying in person at the customhouse or collector of the port's office or to the representative of the United States Public Health Service.

In foreign ports request for a bill of health should be made at the office of the captain of the port (Bureau du Capitaine du port, Uffizio dell Capitano dell Porto, Capitania del Puerto).

The medical officer should take with him bills of health from last port of departure and be prepared to furnish the details given above (2741*c*). If epidemic or contagious diseases are present at the time of making the request, a visit should also be made to the consul of the nationality of the next port of call (particularly in the Mediterranean) for his visé.

SECTION.—5.—DISINFECTION AND DISINFECTANTS.

PHYSICAL DISINFECTANTS.

2751. (*a*) *Sunlight.*—Direct sunlight will kill pathogenic bacteria after varying times of exposure. For instance, plague bacilli are killed in less than an hour, while typhoid organisms require six hours' exposure. The violet and ultraviolet rays are the most active, the red and yellow rays being practically inert.

(*b*) *Burning.*—Of unquestioned efficiency but seldom practiced on account of expense.

(*c*) *Boiling.*—Boiling is very efficient, especially in a solution of carbonate of soda, 1 per cent strength, for at least one-half hour, preferably one hour. Articles to be disinfected must be wholly immersed and the solution must be actually boiling for the required period of disinfection. Nonspore-bearing bacteria are killed by short immersion in boiling water at sea level. In elevated regions one should remember that the boiling temperature is lower.

(*d*) *Steam.*—Flowing steam (not under pressure) when applied under suitable conditions is an efficient disinfecting agent. The exposure must be continued 30 minutes after the temperature has reached 100 C. Steam under pressure will sterilize efficiently provided the process is continued 20 minutes after the pressure reaches 15 pounds per square inch. The air must be expelled from the apparatus at the beginning of the process. If impracticable to obtain the designated pressure, a correspondingly longer exposure will accomplish the same result. The best method of applying steam under pressure is to apply it in a special apparatus with vacuum attachment, the object of the vacuum apparatus being to expel the air and to promote the penetration of the steam. The process is to be continued for 20 minutes after the pressure reaches 10 pounds to the square inch.

GASEOUS DISINFECTANTS.

2752. (*a*) *Sulphur dioxid.*—This is a weak germicide, but a potent insecticide; to be efficient it requires the presence of moisture. It is only a surface disinfectant and is lacking in penetrating properties. An atmosphere containing 4.5 per cent can be obtained by burning 5 pounds of sulphur per 1,000 cubic feet of space. This amount requires the evaporation or volatilization of about 1 pint of water. Under these conditions the time of exposure should be not less than 24 hours for bacterial infections. A shorter time will suffice for fumigation necessary to kill mosquitoes and other vermin. Dry sulphur dioxid produced by burning 2 pounds of sulphur for each 1,000 cubic feet of space will answer for this purpose. An exposure of from two to three hours is sufficient. The sulphur may be burned in shallow iron pots (Dutch ovens), containing not more than 30 pounds of sulphur to each pot, and the pots should stand in vessels of water. The sulphur pots should be elevated from the bottom of the compartment to be disinfected in order to obtain the maximum possible percentage of combustion of sulphur. The sulphur should be in a state of fine division, and ignition is best accomplished with alcohol (special care being taken with this method to prevent damage to cargo or vessel by fire), or the sulphur may be burned in a special furnace, the sulphur dioxid being distributed by a power fan. This method is peculiarly applicable to cargo vessels. Liquefied sulphur dioxid may be used for disinfection in place of sulphur dioxid generated as above, it being borne in mind that this process will require

2 pounds of the liquefied gas for each pound of sulphur, as indicated in the above paragraph. Sulphur dioxid is especially applicable to the holds of vessels or to compartments that may be tightly closed and that do not contain objects that would be injured by gas. Sulphur dioxid bleaches fabrics or materials dyed with vegetable or aniline dyes. It destroys linen or cotton goods by rotting the fiber through the agency of the acids formed. It injures most metals. It is promptly destructive of all forms of animal life. This property renders it a valuable agent for the extermination of rats, insects, and other vermin. Sulphur dioxid is a germicide only in the presence of moisture, and even then will not kill spore-bearing organisms. If clothing is washed immediately after sulphur disinfection, the rotting effect will be greatly lessened. If used in spaces containing machinery, all metal parts should be coated with vaseline.

(*b*) *Formaldehyde.*—Formaldehyde is effective as a surface disinfectant if applied by one of the methods given below. Formaldehyde gas has the advantage as a disinfectant that it does not injure fabrics or most colors. It is valueless as an insecticide and fails to kill vermin, such as rats, mice, roaches, bedbugs, etc. It is not applicable in the disinfection of holds of large vessels. Formaldehyde is used in the disinfection of rooms, clothing, and fabrics, but should not be depended upon for bedding, upholstered furniture, mattresses, and the like, where deep penetration is required. The temperature should be above 50 F., and there should be at least 60 per cent of moisture for efficient formaldehyde disinfection. Many formaldehyde solutions (formalin) do not contain 40 per cent of formaldehyde owing to evaporation or deterioration, and it is advisable to use a quantity in excess of the amount prescribed in these regulations. It is not efficient in cold dry rooms. The method of producing formaldehyde gas by pouring formalin on potassium permanganate is one of the most convenient and efficient of the various methods and has largely replaced the more expensive autoclaves and lamps. To prepare a room for disinfection, measure the net cubic space and calculate the amounts of ingredients required. Allow 500 c. c. of formalin and 250 grams of potassium permanganate for each 1,000 cubic feet of space. Paste up with paper strips all cracks and openings. Then take a pan partly filled with water. Place in this a second metal or glass receptacle containing the permanganate. Then pour the formalin on the permanganate crystals. The gas is generated in great amount in a few seconds. The receptacle containing the formalin and permanganate should be large enough to contain 10 times the volume of formalin, as there is a tendency for the mixture to foam over the sides of the dish. The room or compartment should be closed tightly for 6 to 12 hours and then flooded with air and sunshine if possible.

Another practical method is the formalin sheet-spraying one. The formalin (40 per cent) should be sprayed on sheets suspended in the room in such a manner that the solution remains in small drops on the sheet. Spray not less than 10 ounces of formalin (40 per cent) for each 1,000 cubic feet. Used in this way a sheet will hold about 5 ounces without dripping or the drops running together. The room must be very tightly sealed in disinfecting with this process and kept closed not less than 12 hours. The method is limited to rooms or compartments not exceeding 2,000 cubic feet. The formalin may also be sprayed upon the walls, floors, and objects in the room. For single rooms the use of a paraform lamp is quite convenient. Special lamps can be obtained to burn the paraform tablets or a pint tin cup will suffice for the heating of 1 ounce of paraform. The lamp or alcohol flame under the receptacle must not be high enough to ignite the paraform, which burns readily and in so doing does not give off formaldehyde gas. One ounce of paraform is sufficient for a space of 500 cubic feet. One can dissolve 2 ounces of paraform in 8 ounces of boiling water and then pour this over 4 ounces of potassium permanganate in a 2-gallon pail. After a prolonged series of tests the Department of Health of New York City prefers the following method: Formaldehyde, 30 grams; potassium permanganate, 75 grams; water, 90 grams. The chemicals are mixed in a deep

quart pan, and the water is added and the mixture stirred. The evolution of gas is slow in starting, but is complete in 5 to 10 minutes. It was found that 87 per cent of the gas was evolved and the quantities given above suffice to disinfect 1,000 cubic feet in four hours. It is well to put the small pan containing the chemicals in a larger one to prevent danger of fire and soiling of the floor by the frothing of the mixture. Bromine, chlorine, and hydrocyanic acid have marked disinfectant properties, but are very dangerous and are not at present adapted for practical application.

(*c*) *Hydrocyanic acid.*—Hydrocyanic acid gas, mixed with the internal atmosphere of the ship in the proper proportions, will quickly and certainly kill all air-breathing animals exposed; it will penetrate into the interior of porous bodies, such as mattresses, hammocks, and bags, in a short time; and in a longer time into closed drawers, trunks, and other containers of gas-tight material having pervious joints and cracks. If those engaged in the work are properly equipped and are supervised with reasonable skill and care, there is practically no danger. The gas is physically and chemically inert, and does no damage to structures, machinery, stores, or personal effects (although a small quantity of acid spray is thrown off, which may cause a slight tarnishing of bare metal near the generator), and there is no danger of fire.

The process is essentially very simple; a quantity of solid sodium cyanid is dropped into a bucket containing a mixture of sulphuric acid and water, the operator at once escapes, tightly closes the compartment behind him, and leaves the gas to generate, diffuse, and penetrate for from 1 to 48 hours, according to circumstances, after which the compartment is opened and thoroughly ventilated, preferably by blowers; all of which, except the planning necessitated by the intricate construction of modern warships, requires little time and skill, and not very much labor.

The material is used in the following proportions for each 1,000 cubic feet of space; 5 ounces of sodium cyanid, 7½ fluid ounces of sulphuric acid, and 10 ounces of water.

The gas is harmless to material of all kinds, thus making it unnecessary to remove anything from the ship. There is no danger from fire.

It penetrates easily into any but air-tight containers, making it unnecessary to spread out bedding and clothing.

There is no lingering odor in compartments or clothes.

CHEMICAL SOLUTIONS.

2753. (*a*) *Bichlorid of mercury.*—As a chemical disinfectant corrosive sublimate or bichlorid of mercury in solution has been used quite extensively. It has some marked disadvantages, however, which tend to limit its usefulness. It has a destructive action on metals and must be placed in wooden or earthenware vessels. It can not be used to disinfect any material containing albumen, since it forms inert albuminates. It acts as a mordant and fixes stains in soiled fabrics. It is very poisonous and its solutions should not be used to disinfect dishes to be used later for food. Solutions of bichlorid of mercury in distilled water after a time become reduced in strength through the formation of oxychlorid, and all solutions are incompatible with alkalies and their carbonates, lime-water, soaps, and most metallic salts. As a disinfectant bichlorid of mercury is commonly used in a strength of 1–1,000, adding to the water used for solution 2 parts per 1,000 of sodium or ammonium chlorid. The material to be disinfected should be immersed in the solution (contained in an earthenware or wooden vessel) for at least an hour, and walls and floors may be scrubbed down with the solution which is allowed to dry on them.

(The biniodid of mercury possesses material advantages as a disinfectant over the bichlorid, but owing to its greater expense is not generally used, except as a surgical disinfectant. It is a more powerful germicide, does not coagulate

albumen, nor cause precipitation with pus or blood unless they are in excess, is more penetrating, less irritating to the skin and to wounds, less toxic, and does not cause immediate corrosion of metals.)

(*b*) *Carbolic acid* (*phenol*).—The standard solution of carbolic acid is 5 per cent, commonly spoken of as 1 in 20. To make this solution pure carbolic acid crystals should be melted over a water bath and hot water gradually added. It is an efficient disinfectant and is the standard for standardizing disinfectants. Owing to its expense other members of the same group have been introduced for general disinfectant purposes. Among the more efficient and convenient of these is cresol, as Liquor Cresolis Comp., U. S. P. This may be made by mixing 1 part of cresol and 1 part of soft soap and letting stand over night. The resulting compound makes a perfect solution with water, and a 1 in 20 solution is considered equal to a 5 per cent phenol solution. Liquor Cresolis Comp. has a disinfectant value of 3 (phenol being 1), lysol 2.12, creolin 3.25, and trikresol 2.62. Feces, urine, sputum, etc., to be disinfected should remain in contact with an equal quantity of the cresol compound in 5 per cent solution for an hour. A 5 per cent solution of the cresol compound is suitable for disinfecting spit kids, contaminated clothing, and the walls and decks of compartments. Lysol, creolin, cyllin, izal, and trikresol are other members of this group, but are too expensive for general use.

(*c*) *Formalin.*—Formalin containing 40 per cent of formaldehyde may be used in a 5 per cent solution (commercial formalin 50 c. c., water 950 c. c.) as a substitute for bichlorid of mercury or carbolic acid, and is useful for the disinfection of surfaces, fabrics, and a great variety of objects, owing to its noninjurious character. It is also an excellent deodorant. Formalin to act efficiently must be in at least a 5 per cent solution. For instance, if a pint of feces is to be disinfected, 1 pint of a 10 per cent formalin solution should be used, the mixture to stand for one hour.

(*d*) *Lime.*—It must be remembered that air slaked lime is inert as a disinfectant. For disinfecting feces, freshly prepared milk of lime is excellent. It is made by mixing unslaked lime with four times its volume of water. An equal quantity should be added to the feces to be disinfected.

(*e*) *Chlorinated lime.*—This can be purchased in air-tight containers and when the package is opened it should give off a powerful odor of chlorine. For a working disinfectant solution add 1 pound to 4 gallons of water. This is satisfactory for mopping floors and for disinfecting feces, sputum, and urine, equal parts of the excreta and disinfecting solution being mixed and allowed to stand for one hour. For disinfection of drinking water one teaspoonful of chlorinated lime to 1 pint of water makes a stock disinfectant. For use 1 teaspoonful of this stock solution is added to 2 gallons of drinking water. Let stand at least one-half hour.

SECTION 6.—APPLICATION OF DISINFECTANTS IN DISINFECTION.

2761. Holds of iron vessels, empty, shall be disinfected by either—

(*a*) Sulphur dioxid generated by burning sulphur 5 pounds per 1,000 cubic feet of air space, or liberated from 10 pounds of liquid sulphur dioxid, sufficient moisture being present in both cases. Time of exposure, twenty-four hours.

(*b*) Washing with a solution of bichlorid of mercury, 1–1,000.

(*c*) Hydrocyanic acid gas.

2762. Holds of wooden vessels, empty, shall be disinfected by—

(*a*) Sulphur dioxid in the manner prescribed above, followed by—

(*b*) Washing with a solution of bichlorid of mercury.

(*c*) Hydrocyanic acid gas.

2763. In the case of all vessels, both iron and wooden, when treated for yellow fever or plague infection, the first process shall be preliminary fumigation by sulphur dioxid or hydrocyanic acid in the manner previously stated

(par. 2752) in order to insure the destruction of mosquitoes, rats, and other vermin.

2764. Holds of cargo vessels, when cargo can not be removed, shall be disinfected in so far as possible by either hydrocyanic acid gas or sulphur dioxid, the latter not less than 4 per cent per volume strength, and where possible this should be generated from a furnace to minimize danger of fire in cargo.

2765. Living compartments, cabins, and forecastles of vessels shall be disinfected by one or more of the following methods:

(*a*) Sulphur dioxid, the destructive action of the gas on property being borne in mind.

(*b*) Formaldehyde gas.

(*c*) Hydrocyanic acid gas.

(*d*) Washing with solution of bichlorid of mercury, 1–1,000, or 5 per cent solution of formalin, or 5 per cent solution of carbolic acid, preference being given to carbolic acid for application to polished woods, bright metals, and other objects injured by metallic salts.

2766. The forecastle, steerage, and other living compartments in bad sanitary condition must be disinfected by method (*a*), followed by method (*c*).

2767. Mattresses, pillows, and heavy fabrics are to be disinfected by—

(*a*) Boiling.

(*b*) Flowing steam—i. e., steam not under pressure.

(*c*) Steam under pressure.

(*d*) Steam in special apparatus with vacuum attachment.

2768. Clothing, fabrics, textiles, curtains, hangings, etc., may be treated by either of the above methods from (*a*) to (*d*), inclusive, as circumstances may demand, or by formaldehyde gas or sulphur dioxid where the article is of a character which will not be injured by sulphur dioxid.

2769. Articles injured by steam, such as leather, furs, skins, rubber, trunks, valises, hats and caps, bound books, silks, and fine woolens should not be disinfected by steam. Such articles should be disinfected by formaldehyde gas or any of the agents above mentioned which may be applicable thereto. Those which will be injured by wetting should be disinfected by a gaseous agent.

2770. Clothing, textiles, and baggage, clean and in good condition, but suspected of infection, can be efficiently and least injuriously disinfected by formaldehyde gas, generated by one of the methods described. (Par. 2752 (*b*).)

2771. Textiles which are soiled with discharges of the sick or presumably are deeply infected must be disinfected by—

(*a*) Boiling.

(*b*) Steam.

(*c*) Immersion in one of the germicidal solutions.

2772. Cooking and eating utensils are always to be disinfected by immersion in boiling water or by steam. (United States Quarantine Instructions, 1910.)

Section 7.—Insecticides.

2781. The following notes are taken chiefly from the United States Quarantine Instructions, 1910:

Sulphur dioxid, obtained as described above, destroys all animal life.

In the case of vessels, when treated for yellow fever infection, the process shall be a fumigation with sulphur dioxid, 2 per cent volume gas, and two hours' exposure in order to insure the destruction of mosquitoes.

In the case of vessels when treated for plague the process with sulphur dioxid shall be as follows:

Without cargo: The fumigation with sulphur dioxid gas not less than 2 per cent for six hours' exposure.

With cargo: Fumigation with sulphur dioxid gas, 4 per cent, 6 to 12 hours' exposure, according to stowing.

Infected vessels may require complete or partial discharge of cargo, and fractional fumigation for efficient deratization.

Pyrethrum: The fumes of burning pryethrum may be used to destroy mosquitoes in places where there are articles liable to be injured by the use of sulphur.

Four pounds per 1,000 cubic feet space for two hours' exposure; with this amount all or practically all of the mosquitoes will be killed, but precautions should be taken to sweep up and destroy any that may have escaped destruction. Pyrethrum stains walls, paper, etc.

The oxids of carbon are efficient to destroy rats, but do not kill fleas or other insects. They are obtained by burning carbon, coke, or charcoal in special apparatus, and the gas as produced consists of about 5 per cent carbon monoxid, 18 per cent carbon dioxid, and 77 per cent nitrogen.

Twenty kilos of carbon, coke, or charcoal are used for every 1,000 meters of space. The gas is allowed to remain in the ship for two hours, and from seven to eight hours are allowed for it to leave. This is about equivalent to 1⅓ pounds of carbon (coke) to 1,000 cubic feet of air space. As this gas is very fatal to man and gives no warning of its presence, being odorless, a small amount of sulphur dioxid should be added to give warning of its presence. As it does not kill fleas it can not be depended upon for complete work, where there is evidence of plague among rats on the vessel, as the infected fleas would infect the rats coming aboard after the deratization.

The articles named as disinfectants which can obviously destroy animal life can be used for that purpose when applicable, as steam for bedding, fabrics, etc. Formaldehyde is not applicable for this purpose.

For fleas the best insecticides are (1) crude petroleum (fuel oil), (2) an emulsion of kerosene oil made as follows: Kerosene 20 parts, soft soap 1 part, and water 5 parts. The soap is dissolved in the water by aid of heat and the kerosene oil gradually stirred into the hot mixture.

For cockroaches there is nothing so good as sodium fluorid. By sprinkling the powder about the haunts of the cockroaches they are gotten rid of in a few days.

For exterminating rats in this way and secondarily the rat-fleas, besides the ordinary poisons, such as arsenic, phosphorus, etc., Rucker has recommended a poison composed of plaster of Paris 6 parts, pulverized sugar 1 part, and flour 2 parts. This mixture should be exposed in a dry place in open dishes. To attract the rats the edge of the dish may be smeared with the oil in which sardines have been packed.

Wise and Minett report good results from the use of crude carbolic acid as a larvicide for mosquitoes. They added about 1 teaspoonful for each 2 cubic feet of water in the pool. Of course the ordinary method for destroying mosquito larvæ is by covering the surface of the water in the cistern or pool with a layer of petroleum (one ounce of petroleum to every 15 square feet).

SECTION 8.—DISINFECTING PLANTS.

2782. The following-named quarantine stations of the United States Public Health Service are prepared to perform disinfection and fumigation when called upon. At some of the smaller stations a reasonable length of notice would be necessary in order that the fumigating materials might be procured, as these stations are not prepared to handle large vessels as a routine matter. The fact that some of the stations are not provided with wharfage facilities is not an index to the capacity of the station for performing disinfection. (May, 1917.)

Station.	Depth of water in front of wharf, feet.	Detention facilities (barracks), persons.	Hospital beds.
Portland, Me	7	46	10
Reedy Island, Del	30	865	10
Cape Charles, Va	(1)	0	8
Charleston, S. C	22	8	5
Tampa Bay, Fla	19	36	8
Mobile, Ala	(2)	65	0
Galveston, Tex	25	69	15
San Francisco, Cal	19	623	8
Columbia River, Oreg	24	0	20
San Juan, P. R	(2)	75	8
Boston, Mass	(3)	600	65
Providence, R. I	(1)	100	5
Cape Fear, N. C	15	46	12
Savannah, Ga	20	0	7
Pensacola, Fla	22	6	7
New Orleans, La	25	1,062	30
San Diego, Cal	22	80	18
Port Townsend, Wash	30	661	26
Honolulu, Hawaii	(2)	1,000	31

[1] Hulk in stream. [2] Launch in stream. [3] Ample.

CHAPTER 16.

LINE OF DUTY AND ORIGIN OF DISABILITY FROM DISEASE OR INJURY.

SECTION 1.—LAWS RELATING TO LINE OF DUTY, ETC. (SEE ALSO "NAVY PENSION FUND AND GENERAL PENSIONS," CHAPTER 23.)

2801. Gratuity (death benefit):

(*a*) Death from wounds or disease originating in line of duty. Act of May 13, 1908.

(*b*) Death from wounds or disease not a result of own misconduct. Act of August 22, 1912. R 4551 (1).

2802. Retirement (officers):

(*a*) Retiring for incapacity resulting from and incident to service. Sec. 1453, R. S.

(*b*) Retirement for disability not an incident to service. Sec. 1454, R. S.

(*c*) No officer of the Navy shall be placed on the retired list for misconduct; but shall be brought to trial by court-martial for such misconduct. Sec. 1456, R. S.

2803. Promotion (officers):

(*a*) Disability from wounds incurred in line of duty not a bar to promotion if not incapacitated for other duty of the higher grade. Sec. 1495, R. S.

(*b*) Officers failing in physical examination for promotion on account of disability contracted in line of duty. Sec. 1447, R. S.; act of March 4, 1911.

SECTION 2.—NAVY REGULATIONS AND NAVAL INSTRUCTIONS RELATING TO STATEMENTS AS TO ORIGIN OF ADVERSE NATURE.

2811. "Not in line of duty" entries. R 2902 (1–5).

2812. Entries in record of an officer indicating use of drugs or intoxicants. I 707 (5).

2813. When records are incomplete the Bureau of Medicine and Surgery is to decide origin. R 4564.

2814. Court of inquiry and board of inquest; deaths due to accident. R 322 (3); R 323 (2); R 401 (2).

2815. Entries on death certificate as to origin of disability causing death. R 2963 (2).

2816. Report of eyewitnesses to accidents. R 4563.

2817. Reports of death as evidence for claim for pension. R 4562.

2818. "Misconduct" admissions. Gen. Ord. No. 231.

SECTION 3.—INFORMATION, DECISIONS, ETC., REGARDING LINE OF DUTY AND ORIGIN OF DISABILITY.

2820. Hereafter no officer or enlisted man in the Navy or Marine Corps, in active service, who shall be absent from duty on account of sickness or disease resulting from his own intemperate use of drugs or alcoholic liquors, or other misconduct, shall receive pay for the period of such absence, the time so absent and the cause thereof to be ascertained under such procedure and

regulations as may be prescribed by the Secretary of the Navy: *Provided*, That an enlistment shall not be regarded as complete until the enlisted man shall have made good any time in excess of one day lost on account of sickness or disease resulting from his own intemperate use of drugs or alcoholic liquors or other misconduct.

Absence from duty of any officer or enlisted man of the Navy, in active service, on account of disease resulting from his own intemperate use of drugs or alcoholic liquors, or other misconduct, is within the purview of the statute quoted above; and any officer or enlisted man who, on or after August 29, 1916, has been absent, or may hereafter be absent, from duty from any such cause, or causes, is not entitled to pay as distinguished from allowances for the period of such absence. But where the disease, within the purview of the statute quoted above, was contracted prior to August 29, 1916, as a result of which the officer or enlisted man is absent from duty after that date, no deduction of pay will be made.

Whenever an officer or enlisted man of the Navy, in active service, is absent from duty on account of sickness or disease, resulting from his own intemperate use of drugs or alcoholic liquors, or other misconduct, the medical officer having cognizance of the case shall prepare and forward to the commanding officer an admission "Misconduct report," and upon the individual being discharged to duty a discharge "Misconduct report." In the case of officers these reports shall be forwarded in duplicate, one to the commanding officer, for further reference to the Bureau of Navigation, the other via the commanding officer to the pay officer carrying the officer's accounts. In the case of enlisted men the reports shall be made in triplicate, if necessary, and forwarded through the commanding officer, one each for the commanding and pay officer carrying the man's accounts, and the third for the officer having custody of the man's service record.

In the case of enlisted men, notation of absence under the purview of this order will be made on the service record on the leaf for recording leaves of absence. The date admitted to the sick list will not be counted as a day of absence; the date discharged from the sick list shall count as a day of absence.

When the medical officer having custody of the health record of an officer or enlisted man enters on such record that the sickness or disease causing absence from duty is the result of his own intemperate use of drugs or alcoholic liquors, or other misconduct, it shall be the duty of such medical officer to inform the patient when such adverse entry is made, provided the condition of the patient does not make such action inadvisable. He will inform the commanding officer at the same time in the manner prescribed above.

When the commanding officer and medical officer are in accord the entry shall be final. Should the commanding officer and the medical officer disagree the former will call a board of officers of not less than two members, one of whom shall be a medical officer, to report upon and make recommendations to him in the case. The approval by the commanding officer of the findings of this board shall be final; but if the commanding officer disapproves the findings of the board the proceedings will be forwarded for the action of the next higher authority. A copy of the final decision in the case will be entered in the health record.

Commanding officers are cautioned not to discharge on account of expiration of enlistment any enlisted man until he has made good the time in excess of one day lost on account of sickness or disease resulting from his own intemperate use of drugs or alcoholic liquors or other misconduct.

2821. The origin of wounds or disease resulting in disability or death in the cases of officers and enlisted men of the Navy, whether contracted in line of duty or not in line of duty, the result of own misconduct, or own vicious habits, is under the law an important factor in deciding the right of the individual to pension, promotion, retirement, or gratuity to beneficiary.

As disability occurring in the service is usually made the basis of a claim for pension, special care will always be taken to state in health records the

degree of disability, wound, or disease, the extent to which it deprives the patient of the use of any limb or faculty, or affects his health, strength, activity, constitution, or capacity to labor. If such disability was incurred in the line of duty, and the patient declined treatment for the relief of such disability where treatment was directed, that fact will be set forth for the information of the Bureau of Pensions.

In conducting surveys for discharge, it is enjoined upon all officers concerned to observe that there is no conflict between the statements of medical officers as to whether the disability was incurred in line of duty. If any discrepancy exists in this particular every possible means will be employed to harmonize the statements before finally forwarding the papers.

2822. The pension laws applying to the Navy, except in the cases of those pensioned under the provisions of sections 4756 and 4757, R. S. (see Navy Pension Fund), are administered by the Department of the Interior, Commissioner of Pensions.

2823. The laws in those cases involving retirement for disability resulting from an incident of service (sec. 1453, R. S.); retirement for disability not an incident of service (sec. 1454, R. S.); promotion, disability waived, a result of wounds incurred in the line of duty (sec. 1494, R. S.); retirement in next higher grade of an officer failing to pass physical examination on account of disability contracted in line of duty (sec. 1447, R. S., act Mar. 4, 1911); not to be retired for misconduct (sec. 1456, R. S., act Aug. 5, 1882); gratuity payable upon official notification of death from disease or wounds originating in line of duty (act May 13, 1908); and gratuity payable upon official notification of death from wounds or disease not a result of own misconduct (act of Aug. 22, 1912), are administered by the Secretary of the Navy. Cases of officers involving discharge from the service, retirement or promotion, are referred to the President for final action.

2824. Medical officers are required to enter in the medical records of all enlisted men or officers when admitting them to the sick list, a statement as to origin of the disease or injury, whether in the line of duty or not in line of duty. These records eventually are filed in the Bureau of Medicine and Surgery, where they are consulted to adjudicate claims for pension and gratuity. Where the records are incomplete, the bureau decides whether death, injury, or disability occurred in the line of duty. (R. 4564). If the opinion of the medical officer admitting the patient to the sick list is adverse, and the commanding officer does not concur, evidence in rebuttal will be entered on the health record and the medical officer will proceed in the manner set forth in R. 2902, copies of the papers being forwarded to the Bureau of Medicine and Surgery for expression of opinion and then to the department for final action.

The same method should be followed by boards of medical survey. The statement of evidence in rebuttal should be incorporated in the record and referred to in the body of the survey.

The senior member of a board of examination for promotion or for retirement (R. 2902 (2)) is likewise directed to inform the individual concerned of the adverse entry in the record.

2825. When a medical officer makes an entry in the record of an officer indicating the use by that officer of drugs or intoxicants that would tend to unfit him mentally, morally, or physically for service, he shall proceed as set forth in I 707 (5).

2826. The purpose of the entries as to origin of disease or injury in relation to "duty" or "not duty" being for administration of law, it is of the utmost importance that medical officers should with their opinion make a clear statement of the evidence upon which the opinion is based. In the case of injury, if the man was not actually engaged in duty at the time, a full statement should be given of all facts upon which the opinion is based. In the case of disease, a professional opinion with due regard to accepted etiology should be expressed.

2827. If two causes are concerned in the origin of a disability, one a predisposing cause the other an exciting cause, the exciting cause will warrant the weight of favor.

2828. An officer on the retired list, unless the origin of the disease or injury occurred in the line of duty while on the active list, is not entitled to the benefits of line of duty, there being no act or condition of duty involved.

2829. If a patient has two or more diseases or injuries at the time of admission, an opinion as to line of duty shall be separately recorded for each.

2830. All diseases contracted or injuries received while an officer or enlisted man is on active duty in the naval service of the United States may be assumed to have occurred in line of duty, unless there is evidence, first, that the disease or injury existed prior to appointment or enlistment; second, that it was contracted while absent from ship or duty, on leave, over leave, or absent without leave; third, that it occurred in consequence of willful neglect or as a result of his own misconduct.

2831. When an individual is disabled while on leave or in confinement the question of line of duty must be determined by the circumstances attending the incurrence of the disability; and the fact of being on leave, and if in confinement, whether awaiting trial, or in accordance with sentence, should be stated. In cases of suicide the mental condition should be considered, and if insanity exists an opinion should be expressed as to whether or not the insanity was contracted in the line of duty.

The following letter from the Secretary of the Navy to the Bureau of Medicine and Surgery, April, 1909, will govern in Navy practice so far as relates to injury to prisoners resulting from obedience to orders:

"Referring to your letter of the 3d instant, requesting a decision as to whether or not an injury received by a prisoner while working in the prison or around the yard is to be considered as an injury received in the line of duty, I have to inform you that prisoners are enlisted men in the Navy or Marine Corps, and that work done by them in the prison or about the yard is performed in obedience to orders and in execution of military discipline, and that injury to a prisoner resulting from obedience to such orders is regarded by the department as in line of duty, as it would be in the case of other enlisted men, not prisoners, injured in the execution of orders. The approval of a sentence of court-martial does not impose any forfeiture not expressly stated in the sentence, or which may by statute result from a conviction."

2832. Injuries occurring during athletic sports properly indulged in or in connection with physical exercise or recreation should be weighed with due regard to existing regulations, instructions, and orders. A recent decision reads as follows: "The policy of the department is to foster athletics, and the bureau considers that football and other athletic contests of enlisted men on shore are conducive to their physical development and well-being and better fit them for the performance of their duties on board ship, and that injuries received in these contests may be justly considered in the line of duty." (Horgan case No. 458–5 of Jan. 3, 1908.)

2833. In all cases where the opinion not in line of duty is expressed a full statement of facts should be given irrespective of whether evidence in rebuttal is offered at the time or not. In all cases where disability is incurred in the line of duty and the treatment prescribed is declined, that fact will be set forth in the health record or medical survey.

2834. In all cases of death not in the line of duty the medical officer should also state whether in his opinion the death was a result of the individual's own misconduct.

2835. A midshipman during his course at the Naval Academy incurring injury or disease is to be given "line of duty" or "not line of duty" by the medical officer preparing the records, in the same manner and for the same causes that similar entry would be made on reports to the bureau, of commissioned officers and enlisted men of the Navy and Marine Corps (Navy Department 5252–24, May 25, 1909).

2836. The status of midshipmen with relation to the adjudication of a claim for pension gratuity is determined by the act of July 16, 1862. (Ch. 183, 12 Stat., 583, sec. 1), which makes nine grades of the active list of line officers of the Navy—rear admiral, first grade; midshipman, ninth grade. (Baker case, 125 U. S. R., 646; Cook case, 128 U. S. R., 254.)

2837. When a medical officer makes entry in the health record and is, after due consideration of all ascertainable circumstances, still in doubt as to the origin of the disease, he is justified in saying there is "fair" or "some" evidence that it is in line of duty, since a more positive statement would be not only misleading but incorrect. In any such instance, however, he should be particularly careful to enter in the record all the facts upon which his opinion is based in order that they may be available for consideration by a board of survey, by the Bureau of Medicine and Surgery, or the Pension Bureau.

If a medical survey is held in such a case the "onus of deciding one way or the other," so far as concerns the entries on the report, rests entirely with the board. While the facts and opinion expressed in the health record are given due weight, the decision will also be based on a consideration of the patient's statement, the subsequent medical records, if any, and such additional evidence as may be available. That the board should reach some definite conclusion is important, particularly in case the recommendation is for discharge from the service, and if a unanimous opinion is impracticable, majority and minority reports may be submitted, when the final decision will rest with the bureau and the department.

Section 4.—The Practice in Adjudicating Line of Duty in Reference to Claims for Pension and Gratuity.

2841. Congress has enacted laws proffering the Government gratuity to a beneficiary of a deceased officer for services rendered. The spirit inspiring the gratuity includes the intention that the beneficiary shall have all the assistance available from the Government in the discovery and presentation of the basic evidential evidence upon which his claim must be adjudicated. It is not a claim growing out of a contractural right; the courts have held it to be merely a gratuity. (Letter to Secretary of the Navy from Secretary of the Interior, Jan. 9, 1913.)

2842. A record of evidence as to origin of disability or cause of death is required by section 6 of the act of July 4, 1864.

2843. When a statute provides pension for disability or death occasioned by wounds or injuries received, casually occurring, or disease contracted in the line of duty, it intends that the performance of duty must have relation of causation or consociation, mediate or immediate, to the wound, the casualty, the injury, or the disease which produces the disability or death. (Digest, Pension Laws and Decisions, etc., 1881.)

2844. In determining the right of favorable opinion, the question is not whether, when the cause of disability or death occurred, the party was on duty or not, in active service, or on furlough, or leave, in arrest or not, but whether in any of the possible conditions of service the cause of disability or death was appurtenant to, dependent upon, or connected with acts within or acts without the line of duty. (Digest, Pension Laws and Decisions, etc., 1881.)

2845. Upon the question of casualty the opinions of experts are evidence, but they do not constitute either exclusive or conclusive proof; and the question is to be judged on the facts like any other matter of evidence. (Digest, Pension Laws and Decisions, etc., 1881.

2846. Death or injury while on liberty, incurred in the act of attempting to rescue another member of the service, is regarded as line of duty; such death or injury incurred attempting to save civilians is not in line of duty.

SECTION 7.—WEIGHT OF OFFICIAL RECORDS.

2851. An official contemporaneous record is the best evidence, as to facts therein recited, and can be successfully rebutted only by direct, positive, and conclusive evidence showing beyond question that there was error or mistake of fact or fraud in making said record. (7 P. D., 26; 2 P. D., 304; 4 P. D., 114; 13 P. D., 84.)

2852. The pension act of March 3, 1885, provides that applicants for pension shall be presumed to have had no disability at the time of enlistment, and such presumption may be rebutted. A statement in a certificate of discharge that the disabling cause existed prior to enlistment outweighs and rebuts the presumption of prior soundness. (1 P. D., 7; 12 P. D., 264.)

CHAPTER 17.

MEDICAL AND MATERIAL SURVEYS AND TRANSFERS OF THE SICK.

SECTION 1.—NAVY REGULATIONS RELATING TO MEDICAL SURVEYS ON PERSONNEL.

2901. By whom requested and ordered. R 361; R 2960.
2902. Boards of survey, how constituted. R 362.
2903. Reports of survey.
(*a*) Officers and enlisted men of the Navy. R 363 (1).
(*b*) Officers and enlisted men of the Marine Corps. R 363 (2).
2904. Form and phraseology of report of survey . R 364 (1).
(*a*) In the case of an officer. R 364 (2).
(*b*) In the case of an enlisted man. R 364 (3).
2905. Cases to be disposed of without delay.
(*a*) Surveys in or near home waters. R 365 (1).
(*b*) Surveys outside home waters. R 365 (2).
2906. Surveys in the United States on enlisted men for diseases not in line of duty. R 366.
2907. Transportation of men discharged by medical survey. R 3606 (6).
2908. Character of discharge in medical survey. R 3607 (3).
2909. Leave and extension of leave on account of sickness requires board of survey. R 3707 (1–4).
2910. Joint board of survey for pensions. R 4561.

SECTION 2.—NAVAL INSTRUCTIONS RELATING TO MEDICAL SURVEYS.

2911. Sending home sick condemned by survey. I 954 (2).
2912. Division commander to order and act upon medical surveys. I 1004 (1).
2913. Fleet surgeon to approve medical surveys. I 1122 (8).
2914. Officers surveyed in hospital. I 3221 (1–2).
2915. No discharge for disability except by survey. I 3236 (1).
2916. Surveys in hospital shall name ship from which patient was admitted. I 3236 (2).

SECTION 3.—REQUEST FOR MEDICAL SURVEY. (FORM L.)

2921. A single copy of a request for medical survey shall be made out by the medical officer of a ship or station and may embrace any number of cases.
2922. If in the fleet, the request, after approval by the commanding officer will be transmitted to the flagship, and upon approval by the commander in chief, division commander, or senior officer present, a board will be designated upon recommendation by the fleet surgeon (or division surgeon).
2923. Requests for surveys on shore stations are approved and ordered by the commandant of the station.
2924. Requests for medical surveys afloat shall be made:
(*a*) When in the case of an officer transfer to a hospital and detachment from the ship are believed advisable.

(*b*) When it is desirable to establish the origin of a disability, or obtain an opinion as to the nature of the case, or to determine fitness for duty.

(*c*) When transfer to a distant station or hospital is involved.

2925. Medical surveys are not required for a transfer to a near-by naval hospital, and, as a rule, afloat, should not be requested for the purpose of invaliding from the service.

2926. When a hospital ship is available it is preferable that patients requiring hospital treatment or sick leave should be transferred to the hospital ship for treatment and further disposition instead of being surveyed. Medical officers on ships away from the hospital ship shall hold their patients for transfer to the hospital ship, except in those cases which admit of no delay.

SECTION 4.—REPORT OF MEDICAL SURVEY. (FORM M.)

2931. Form M shall be made out in duplicate in all cases, and a set of reports shall be for one case only. One additional copy shall be furnished for the information of the fleet surgeon (marked "For the commander in chief"). In the case of a marine recommended for discharge from service while in hospital, an additional copy shall be prepared and forwarded to the paymaster of the Marine Corps.

2932. Reports of surveys upon officers and enlisted men of the Navy will be forwarded direct to the Bureau of Medicine and Surgery for recommendation.

2933. One copy of the survey is forwarded to the Bureau of Navigation or Headquarters U. S. M. C., and one copy is retained in the record and pension division of the Bureau of Medicine and Surgery.

2934. Upon the receipt by the Bureau of Navigation of its copy of the survey it is forwarded to the officer convening the board for compliance with the department's action, and when completed it is returned to the Bureau of Navigation to be placed in its permanent files.

2935. In the case of officers and men of the Marine Corps the copy follows the same course, except that it goes to the Commandant of the Marine Corps instead of to the Bureau of Navigation.

2936. The following paragraphs on the face of the report shall be carefully and accurately filled out:

(*a*) Diagnosis—Shall be selected from the Navy nomenclature and should correspond with that under which the man is carried on the sick list. In the case of injury a key letter shall be supplied.

(*b*) Origin—It is the board's duty to state clearly whether or not they consider the origin in or not in line of duty, also whether it is considered that the disability is or is not the result of his own misconduct.

(*c*) Facts—All facts relative to the present history of the case should be clearly stated.

(*d*) Present condition—"Unfit for duty" means temporary unfitness; "unfit for service" means permanent unfitness. If the patient is found fit for duty the report shall be concluded at this point.

(*e*) Probable future duration. When unfitness is found and is regarded as temporary, the phrase "temporary" shall be used. When the unfitness is permanent the expression "permanent" shall be employed.

(*f*) Recommendation. Under this head shall be given the contemplated disposition of the patient. In the case of an officer the recommendation may be detachment with sick leave; or if the unfitness is temporary the officer may be recommended for hospital treatment, with a view to his return to the ship or station. If the disability is considered permanent the board shall recommend that he be ordered before a retiring board. Enlisted men shall be recommended for hospital treatment, observation, etc., or for discharge from the naval service, or from the Marine Corps in the case of a marine.

(*g*) The recommendation that an officer be ordered before a retiring board, or that an enlisted man be invalided from the service should not ordinarily be made until the case has been sufficiently long under observation to render the

exact nature and degree of the disability and its probable permanency evident. and as a rule such recommendation shall not be made until the case has been under a period of observation at a naval hospital. Before recommending the invaliding of a continuous-service man from the service the board should carefully consider the probability of his recovery under extended treatment, especially when the disability is in line of duty. In the case of recruits retention for prolonged treatment when a restoration to duty is unlikely is undesirable.

(*h*) In any case where the recommendation involves invaliding from the service for a mental infirmity the board shall state that such a disposition will not constitute a menace to the individual surveyed or to the public safety. When the case is of an infectious nature or of a chronic or disabling nature a statement should also be made that if the case is invalided from the service it is unlikely to constitute an unusual menace to the public health or to become a public charge.

(*i*) The board shall be careful to state definitely its opinion as to the origin of the disease or injury, giving all the facts and circumstances connected with the disease or injury, and whether associated with the performance of duty or whether the exposure was incident to any act of the service. In the case of an enlisted man a statement will be made of the board's opinion as to whether the disease or injury is or is not due to the misconduct of the enlisted man who is the subject of the survey. The statement of the patient in connection with origin of the disease or disability must be weighed by rules governing evidence in general and shall be accepted or rejected. The provisions of article R 2902 (1–4) regarding "not in line of duty" findings shall be carefully complied with by all boards of medical survey, and the facts stated on the report.

2937. When surveys are held upon enlisted men at hospitals the board shall be careful to state on the report the names of the ships from which the men were received.

Section 5.—General Information Regarding Surveys on the Personnel.

2941. In all cases of medical survey held on board ship, at navy yards and naval stations the medical officer requesting a survey shall cause a full entry of the report of the board to be entered in the health record. No person shall be surveyed before being fully admitted to the sick list.

2942. In surveys held at hospitals the board shall be careful to specify in the report the name of the vessel from which the patient was received.

2943. Enlisted men condemned by survey on foreign stations who are recommended for discharge from the service will be sent to a receiving ship and not to a naval hospital for final action, unless requiring hospital treatment, and such disposition shall be specifically recommended by the board.

2944. The expenses connected with the transportation of sick enlisted men of the Navy and Marine Corps to naval hospitals are a charge against appropriations under the control of the Bureau of Navigation and the Marine Corps, respectively.

2945. Medical surveys of officers and enlisted men of the Navy, when acted upon by the officer convening the board, are forwarded in duplicate direct to the Bureau of Medicine and Surgery for recommendation by the Surgeon General and transmission to the Bureau of Navigation for final action. One copy of the report is retained for the files of the Bureau of Medicine and Surgery; the other is forwarded to the Bureau of Navigation. The latter copy is sent by that bureau to the officer ordering the survey for his information and compliance. It is then returned by him to the Bureau of Navigation for its permanent files. At training stations and on receiving ships the cases of recruits who are surveyed by boards of medical survey will be acted upon by the senior officer present. When a board of survey is ordered upon recruits the senior member will be preferably an officer of experience, with a full knowledge of service conditions. All such surveys with report of action are sent to the Bureau of Medicine and Surgery for further transmission to the Bureau of Navigation.

2946. Medical surveys upon officers and men of the Marine Corps take the same course after action by the officer convening the board, except that "Commandant of the Marine Corps" is substituted for "Bureau of Navigation" in the preceding paragraph.

2947. Before a general court-martial prisoner is transferred to a disciplinary ship a board of medical survey of three medical officers shall be ordered to determine the prisoner's physical fitness for the service. In any case of physical unfitness a report will be made to the department (office of the Judge Advocate General). (Department letter No. 26267-81 of Dec. 12, 1912; Medicine and Surgery letter No. 125439.) (See also Par. 2115.)

2948. (*a*) Medical officers, particularly those in command of naval hospitals, will request surveys without undue delay in the case of all officers or enlisted men who are considered physically unfit for further active service, with a view to final action in such cases, so that their places can be filled in the fleet and elsewhere.

(*b*) A person under treatment in a hospital for a period of three months shall be surveyed in order that his further treatment or other disposition may be authorized, and in order that the bureau may have information as to the necessity for such prolonged treatment.

(*c*) Care should be taken that all convalescents are promptly returned to duty.

Section 6.—Naval Instructions Relating to Surveys on Material.

2951. Surgical appliances only replaceable after survey. I 2122.

2952. Loss or destruction of stores necessitates survey. I 2123.

2953. Death of officer in charge of supplies. I 4421 (4).

2954. Survey of unserviceable and insanitary articles. I 1351; I 4750; I 4735 (1).

2955. Surveys on medical stores, by whom ordered. I 4749 (1).

(*a*) Articles expendable without survey. I 4749 (2).

(*b*) Surveys at medical supply depots. I 4749 (3).

(*c*) Reports of survey forwarded in duplicate. I 4749 (4).

(*d*) Articles to be sold must be appraised and inventoried. I 4749 (5).

(*e*) Articles to general storekeeper to be invoiced as to value. I 4749 (6).

2956. Clothing and personal effects to be destroyed to prevent spread of disease. I 4750 (1).

Section 7.—Blank Forms for Survey of Material. (Forms C and C-1, Ca and Ca-1.)

2961. Forms C and C-1, Ca and Ca-1 shall be used in surveys upon all medical and surgical supplies and materials and forwarded in duplicate.

2962. Medical officers will not be released from responsibility for the loss or destruction of property in the Medical Department unless the expenditure is authorized by the bureau or by a board of survey. (I 2122; I 2123; I 4749 (2.)

2963. Forms C and C-1 shall be used in all surveys upon property at naval medical supply depots, and Forms Ca and Ca-1 elsewhere.

2964. All articles surveyed shall be entered on Form Ca-1, following the order and nomenclature of the supply table.

2965. Articles recommended for survey shall be disposed of under one of the following subcolumns, the number of articles to be indicated by figures, viz:

(*a*) Fit for use.

(*b*) Fit for use when repaired on the ship or station.

(*c*) To medical supply depot.

(*d*) To general storekeeper for final disposition.

(*e*) Destroy, being of no value.

2966. Articles entirely useless and valueless, or which are prejudicial to the health of the ship's company, shall be entered under column VIIIe. (I 1351; I 4735; I 4750.)

2967. Whenever surveyed articles are sent to a supply depot they shall be accompanied by duplicate invoices, on which will be noted dates of survey and disposition recommended as to articles invoiced.

2968. Surveys on articles on board ships and at stations and hospitals may be held whenever necessary.

2969. At medical supply depots surveys shall be held on all returned stores from ships and stations, and upon such stores as are broken and unaccounted for, or which have undergone deterioration.

2972. Surveys upon medical property may be ordered by the commander in chief, division commander, or the senior officer present. (I 4749.)

2973. All articles on the supply table of the Medical Department and indicated as nonexpendable that have become unfit for use shall be surveyed before the issue of others to replace them.

2974. A survey shall be held at each medical supply depot on all medical supplies considered unfit for use turned in from cruising ships placed out of commission. Such articles as are found fit for use shall be turned into the general stock for issue.

2975. Whenever any property belonging to the Medical Department is surveyed and recommended to be sold the articles shall in all cases be appraised. The medical officer in charge shall make an inventory of the same, and shall carefully preserve the property until directed to deliver it for sale. A copy of this inventory shall be forwarded to the Bureau of Medicine and Surgery as soon as the report of survey is approved. (I 4749 (5).)

2976. Supplies delivered to a general storekeeper for sale shall be accompanied by an invoice stating both the original and appraised value of the articles. (I 4749 (6).)

2977. Reports of survey on property belonging to the Medical Department shall be forwarded in duplicate. From ships in the fleet such reports shall be forwarded through the commander in chief and receive the indorsement of the fleet surgeon.

2978. After approval the original of the survey is filed in the bureau and the duplicate copy returned to the medical officer requesting the survey for compliance and for the files of the medical department of the ship or station.

SECTION 8.—NAVY REGULATIONS AND NAVAL INSTRUCTIONS GOVERNING TRANSFERS.

2981. Serious cases transferred to hospital to be accompanied by medical officer if practicable. R 2961 (1).

2982. Patients transferred to have hospital ticket and health record accompanying. R 2961 (2).

2983. Physical examination required before transfer of enlisted men. (R 3581 (5); R 2961 (3).)

2984. Papers to be transmitted upon transfer. R 3585.

2985. Patients transferred to hospitals not United States naval hospitals. R 2962 (1-4).

2986. Patients transferred or received to be reported to fleet surgeon if in foreign port, and to the Bureau of Medicine and Surgery if in a United States port. R 2962 (5).

2987. Transfer of tuberculosis cases. R 3582 (2).

2988. Allotments on transfer to hospital. R 4475.

2989. Accounts of enlisted men transferred to be accompanied by certificate of medical officer. I 4890 (6).

2990. Transfer of marines. I 3551 (3).

2991. Care of effects of disabled persons transferred. I 718.

2992. Entries to be made in service and health records on transfer. I 3208 (2).

2993. Health records to accompany officers and men upon transfer. I 3257.

SECTION 9.—GENERAL DIRECTIONS RELATING TO THE TRANSFER OF THE SICK AND DISABLED.

3001. Upon the recommendation of the medical officer of a ship or station or as the result of the recommendation of a board of medical survey, sick persons may be transferred to a naval hospital at any time with the approval of the commandant or senior officer present. (R 3582 (1).)

3002. The accounts and other papers of enlisted men of the Navy and Marine Corps transferred to any other than a naval hospital are retained on board until the ship leaves the port in which the hospital is located. Patients left behind in the hospital shall be furnished with their accounts and copies of their service records, the original of the service record being forwarded to the Bureau of Navigation. (R 3582 (4).)

3003. Patients transferred to any other than a naval hospital and remaining there after the departure of the ship to which they were attached, shall, upon their recovery, report, preferably by telegraph, to the Bureau of Navigation for further instructions. The surgeon in charge of the hospital shall be requested to furnish them with certificates, giving the dates of their admission to and their discharge from the hospital.

3004. The pay of an enlisted man of the Navy or Marine Corps, when under treatment in a United States naval hospital, ceases when his term of enlistment expires, but he may be retained in the hospital for further treatment. When under treatment in a hospital on a foreign station, his pay continues until he is regularly discharged from the service, even after his term of enlistment has expired. In accordance with a decision of the department the provisions of article R 3669 (5) may be so construed as to leave to the discretion of an officer in command of a hospital whether or not any money and the amount thereof, should be paid to an enlisted man under treatment at a hospital.

3005. Patients transferred to the naval hospital, Philadelphia, for treatment should be directed to report to the governor of the Naval Home.

3007. Whenever it becomes necessary to send sick and disabled officers and enlisted men of the Navy or Marine Corps home in a supply or chartered ship, the commander in chief may order a board of officers, one of whom shall be an experienced medical officer, to examine the ship and report to him in writing whether such vessel is suitable for the purpose and whether everything necessary has been provided for their health and comfort. He shall not permit the departure of a ship until satisfied that every possible provision that may be deemed necessary has been made for the comfort of the sick, and, if necessary, he shall detail a suitable number of extra medical officers to accompany such ship. (I 953.)

3008. All sick and disabled officers and men shall, if practicable, be sent home in public vessels and only in cases of urgent necessity shall vessels be chartered for this purpose. (I 954.)

3009. The commander in chief may, at his discretion, send home by other conveyance patients surveyed and condemned by a board of medical officers whose condition is such as to render it necessary to avoid climatic influences, delay, or other influence affecting their health to which they would be subjected in a public ship. (I 954 (2).)

3010. The expenses connected with the transfer or transportation of sick enlisted men are defrayed from appropriations under the control of the Bureau of Navigation.

3011. The treatment in naval hospitals of officers and men of the Naval auxiliary service was approved by the department on June 15, 1908, and authorized by the Bureau of Medicine and Surgery in circular letter of June 24, 1908. (M. and S. No. 115339.) The Treasury Department in Departmental Circular No. 23, of May 13, 1909, authorized the care and treatment of officers and enlisted men of the Army and Navy and civilian officers and crews of naval auxiliaries in hospitals of the Public Health Service upon the written request of their respective commanding officers.

3012. An officer or man actually employed in the naval auxiliary service who is absent from his duty for treatment in a hospital, or on board a hospital ship or other naval vessel, shall while so absent from duty receive half pay, excluding the day of admission and including the day of discharge, except where such absence is due to venereal disease of the officer or man, in which case he shall receive no pay while so absent. (Changes in Reg. for N. A. S., 1914, No. 13, par. 95.)

3013. Notations will be made on ration notices whenever officers and men of the naval auxiliary service are admitted to hospital as to whether or not for venereal disease, and, further, should changes be made in diagnosis involving discharges from or admissions as cases of venereal disease, subsequent appropriate ration notices of discharge or admission will be issued.

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CHAPTER 18.

THE INSANE OF THE NAVY.

Section 1.—Laws Relating to the Establishment and Administration of St. Elizabeths Hospital and Regulations Relating to the Insane.

3101. Insane of the Navy; authority of the Secretary of the Navy, etc. Sec. 1551, R. S.

3102. Establishment of St. Elizabeths Hospital for the Insane. Sec. 4838, R. S.

3103. The superintendent. Sec. 4839, R. S.

3104. Board of visitors. Sec. 4840, R. S.

3105. President of board of visitors. Sec. 4841, R. S.

3106. Powers and duties of the board of visitors. Sec. 4842, R. S.

3107. Admission of insane persons of the Army, Navy, and Marine Corps, etc. Sec. 4843, R. S.; act Mar. 3, 1875.

3108. Limit to admission. Act June 16, 1880.

3109. Transfer of insane convicts, etc., to St. Elizabeths Hospital. Sec. 4852, R. S.; acts June 23, 1874, Aug. 7, 1882.

3110. Admission of insane from National Home for Disabled Volunteers. Act Aug. 7, 1882.

3111. Admission to Hospital for Insane in the District of Columbia. Secs. 4843–4854, R. S.; acts June 23, 1874, Mar. 3, 1875, Mar. 3, 1879, Aug. 7, 1882, July 7, 1884, Jan. 31, 1899.

3112. Enlistment of insane persons prohibited. (Articles for the Government of the Navy.) R. 19.

Section 2.—General Directions Regarding the Insane of the Navy.

3121. The Secretary of the Navy is authorized by law to make suitable provision for the care of the insane of the Navy by placing them in St. Elizabeths Hospital in the District of Columbia or in any other institution devoted to the care, maintenance, and support of insane persons.

3122. Under the provisions of the law relating to the care of the insane of the Navy the following classes of persons are entitled to treatment in St. Elizabeths Hospital.

(*a*) Insane men belonging to the Navy and Marine Corps.

(*b*) Men who while in the service of the United States in the Navy or Marine Corps have been admitted to the hospital and thereafter discharged from the hospital on the supposition that their reason was restored and within three years after such discharge have again become insane from causes existing at the time of such discharge and who have no adequate means of support.

(*c*) Indigent insane persons who have served in the Navy or Marine Corps and have been discharged therefrom on account of disability arising from such insanity.

(*d*) Indigent insane persons who have become insane within three years after their discharge from the Navy or Marine Corps from causes which arose during and were produced by said service.

(*e*) Women patients admitted to St. Elizabeths Hospital are limited to those residing in the District of Columbia, who are wives and widows of naval officers and enlisted men. (M. and S. 120642.)

3123. Indigent or insane persons who have been discharged from the Navy or Marine Corps must show, in order to gain admission or readmission to St. Elizabeths Hospital, that their disability was incurred in or was connected with their service in the Navy or Marine Corps.

3124. To relieve the Government of the care of mental defectives whose disabiilty may have had its origin prior to enlistment, medical officers on duty where recruits are assembled should carefully observe all recruits for stigmata of degeneration, vicious habits, and mental abnormalities. Recruits suspected of mental instability should be made the subject of special inquiry, and if the evidence of unfitness for active service aboard ship is forthcoming, such individuals may be brought to the notice of the commanding officer as undesirable and discharged or surveyed and returned, if practicable, to the next of kin or place of enlistment. (M. and S. Memo. 121591, Dec. 14, 1910.)

3125. Boards of medical survey concerned with recommending the transfer of insane to hospital, should consider the practicability in each individual case of having the patient transferred under the charge of a responsible chief pharmacist's mate, with attendants, if necessary. (M. and S. Memo. 125012, June 28, 1912.)

3126. Whenever practicable patients giving evidence of being insane shall be transferred to a naval hospital at which a psychopathic ward has been established for treatment and observation prior to medical survey and final determination of their mental condition and commitment to a hospital for the insane.

3127. Medical officers having charge of an insane patient prior to recommending transfer to a hospital for the insane shall endeavor to obtain an accurate family and personal history of the patient and to secure statements relative to the case from any institution for the insane of which the patient may have been an inmate. Any such statement should be appended to the report of medical survey.

3128. No officer, seaman, or marine shall be admitted as a patient into a hospital devoted to the care of the insane of the Navy until he shall have been condemned by a board of naval medical officers and the report of the board has been approved by the department.

3129. Upon the approval by the department of the report of medical survey, the Bureau of Medicine and Surgery will forward through official channels to the hospital, station, or ship, or wherever the patient may be, an order for his admission to St. Elizabeths Hospital, and an Interior Department form to be filled out.

3130. Medical officers shall exercise great care in preparing the Interior Department form, giving as full a medical history in each case as possible.

3131. On the 1st of July of each year the Superintendent of St. Elizabeths Hospital forwards to the Bureau of Medicine and Surgery a report for the year ended, showing the condition of the insane of the Navy and Marine Corps under treatment, together with the number admitted, discharged, died, and remaining under treatment.

3132. Upon the recovery of an officer or enlisted man of the Navy or Marine Corps under treatment in a hospital for the insane, the department is notified of the fact by the superintendent in charge of the hospital, and the Bureau of Navigation or Headquarters of the Marine Corps directs his transfer. A medical survey is then ordered to determine the disposition of the patient. The Bureau of Medicine and Surgery is notified of discharges in all such cases.

3133. In the transportation of the insane, suitable measures shall be taken to insure their proper care and treatment while in transit.

3134. Upon the admission of a patient into St. Elizabeths Hospital the hospital authorities furnish the medical officer detailed for such duty with a receipt for the person and the personal effects of the patient. The receipt shall be forwarded without delay to the Bureau of Medicine and Surgery for the permanent files of the bureau.

3135. The receipt by the bureau of the certificate relating to the admission of the patient is a necessary preliminary to the indorsement by the Surgeon

General on the orders of the medical officer that his duties, so far as they pertain to the Bureau of Medicine and Surgery, have been completed.

3136. The superintendent of St. Elizabeths Hospital informs the Bureau of Medicine and Surgery, as soon as practicable after its occurrence, of the death of every officer or enlisted man of the Navy or Marine Corps who dies while under treatment in this institution. The official death report shall be prepared and signed by the medical officer assigned to duty in connection with the patients from the Navy and Marine Corps in St. Elizabeths Hospital. In case no medical officer is so assigned the death report will be prepared in the Bureau of Medicine and Surgery.

3137. For the information of the superintendent of St. Elizabeths Hospital the following records shall accompany each patient upon his admission to the hospital:

(*a*) Order for admission.

(*b*) Copy of medical survey.

(*c*) Copy of hospital ticket.

(*d*) Health record, with a request that a concise record of the case be continued therein, and the record forwarded with the patient in case of transfer, or in case of death, desertion, or termination of service to be forwarded to the Bureau of Medicine and Surgery.

(*e*) Copy of Department of Interior form. (Procurable from bureau.)

SECTION 3.—LAWS RELATING TO THE CARE OF INSANE PATIENTS ON THE PACIFIC COAST.

3141. Care, maintenance, and treatment of the insane of the Navy and Marine Corps on the Pacific coast. (Annual naval appropriation act.)

SECTION 4.—INSTRUCTIONS RELATING TO THE ADMISSION OF PATIENTS TO THE STATE HOSPITALS, CALIFORNIA.

3151. A clause in the annual naval appropriation act makes suitable provision for the care, maintenance, and treatment of the insane of the Navy and Marine Corps on the Pacific coast.

3152. Under an annual contract, commencing with each fiscal year, and entered into between the California State Commission of Lunacy and the Secretary of the Navy, the insane of the Navy and Marine Corps on the Pacific coast are sent for treatment to a State hospital for the insane.

3153. On the 1st day of January and July of each year the general superintendent of State hospitals of California, representing the California State Commission of Lunacy, forwards a report to the Bureau of Medicine and Surgery, through the department, showing the condition of all patients of the Navy and Marine Corps under treatment. The report further shows the number of patients admitted, died, discharged, and remaining under treatment.

3154. Under the terms of the contract the expense connected with the care, maintenance, and support of insane patients is $15 a month for each patient, and such expenses are paid out of the appropriation "Contingent, Bureau of Medicine and Surgery."

3155. Outfits of clothing are furnished by the department to all enlisted men under treatment. In the case of enlisted men of the Navy and Marine Corps whose terms of enlistment have expired the hospital authorities are authorized, under the terms of the contract, to provide such patients with suitable clothing at the rate of $2.50 per month.

3156. All expenses connected with the transportation and admission of insane patients of the Navy and Marine Corps into a State hospital for the insane, California, are defrayed from appropriations under the control of the Bureau of Navigation and the Marine Corps, respectively. All expenses connected with the discharge of enlisted men of the Navy and Marine Corps from such a hospital and their transportation to a receiving ship or marine post for discharge from

the naval service or Marine Corps are paid from appropriations under the control of the Bureau of Navigation and of the Marine Corps, respectively.

3157. The funeral expenses of enlisted men of the Navy and Marine Corps who die while under treatment in a State hospital, California, are defrayed from appropriations contingent Bureau of Medicine and Surgery and contingent Marine Corps, respectively.

3158. Quarterly payments are made by the department for the care, maintenance, and support of the insane patients of the Navy and Marine Corps under treatment in a State hospital, and the vouchers are made payable to the general superintendent of the State hospitals, California.

3159. The voucher shall be prepared and shall bear the certificate as to correctness by the medical officer in command of the naval hospital, Mare Island, Cal. It is approved by the commandant of the navy yard, Mare Island, Cal., and by the Surgeon General of the Navy. The Paymaster General of the Navy directs its payment by the Navy pay office, San Francisco, Cal.

3160. Upon the admission of a patient into a State hospital the hospital authorities furnish the medical officer or attendant accompanying such patient with a receipt for the person and the personal effects of the patient. Such receipt shall be forwarded by the medical attendant without delay to the commandant of the navy yard, Mare Island, for the files of his office.

3161. The bureau's permit for the admission of the patient, and the certificate of the hospital authorities that the patient has been admitted into the institution, are a necessary preliminary to the approval and transmission to the department by the commandant of the vouchers for expenses connected with the care and treatment of insane patients of the Navy and Marine Corps in a State hospital.

3162. The superintendent of a State hospital informs the commandant of the navy yard, Mare Island, Cal., as soon as practicable after its occurrence of the death of every officer or enlisted man of the Navy or Marine Corps who dies while undergoing treatment in such an institution. Upon receipt of such information the commandant causes a certificate of death to be prepared by a medical officer under his command, and such report shall be forwarded by the commandant to the Bureau of Medicine and Surgery. A medical officer, when directed to make an examination of insane patients of the Navy or Marine Corps inmates of a State hospital for the insane, shall examine these patients, and after consultation with the superintendent shall make recommendations regarding the further retention of these patients at this hospital, also the advisability of a transfer to St. Elizabeths Hospital. He will enter up to date the health record in each case if it has not already been done.

3163. For the information of the superintendent of a State hospital the following records shall accompany each patient upon his admission into the hospital:

(*a*) Order for his admission.

(*b*) Copy of report of medical survey.

(*c*) Copy of hospital ticket (if from a ship, navy yard, or special duty).

(*d*) Health record. (With request that a concise record of the case be continued therein, and the record forwarded with the patient in case of transfer, or in the case of death, desertion, or termination of service to be forwarded to the commandant of the navy yard, Mare Island, Cal.)

(*e*) The Department of Interior form.

3165. Boards of medical survey recommending the discharge of harmless insane able to care for themselves or be cared for by friends or their families, should enter on the report of survey the statement, "Not a menace to himself or to the community."

3166. Thirty days' notice of the contemplated discharge of an enlisted man or member of the auxiliary force is required to be given to the superintendent of St. Elizabeths Hospital and to the Secretary of the Interior to enable the latter to request the Attorney General to have the sanity of the individual determined, as required under the laws of the District of Columbia. (M. & S. No. 124539.)

CHAPTER 19.

THE NAVAL MEDICAL SCHOOL.

SECTION 1.—REGULATIONS RELATING TO THE NAVAL MEDICAL SCHOOL.

3201. Order relating to its establishment. General Order No. 89, May 27, 1902.

3202. Order changing name. Department letter No. 19931, May 26, 1905.

3203. Under the supervision and control of the bureau. R 2901 (3).

3204. Microscopical outfit and accessories to be forwarded to Naval Medical School when ship goes out of commission. (I 2124 (1) *b*.)

SECTION 2.—INSTRUCTIONS RELATING TO THE NAVAL MEDICAL SCHOOL.

3211. The medical officer in command of the Naval Medical School is charged with all duties relating to its administration, and is responsible for its efficiency.

3212. The faculty will consist of the officers ordered to the school as instructors. The medical officer in command shall preside over and conduct all faculty meetings, and the junior member of the faculty shall keep a record of all proceedings. Meetings of the faculty will be held from time to time as may be considered advisable by the medical officer in command and the bureau shall be kept advised of any changes regarded as desirable to improve the efficiency of the school as a whole or in any individual branch. At such meetings deficiencies of individual student officers will also be given careful consideration.

3213. Each member of the faculty shall consult with the medical officer in command and shall submit a syllabus of his course when directed, for the official files of the school.

3214. Upon the completion of the session and at such other times as may be considered desirable, examinations will be held. The final examination will be conducted by a board to determine fitness for admission to the Medical Corps.

3215. At the beginning of the school year members of the Naval Reserve Force who may have been selected for that purpose will be ordered to the Naval Medical School for duty and the prescribed course of instruction.

3216. Medical officers who desire to avail themselves of the course of instruction or of any of its branches may be assigned to the school for such purpose upon recommendation by the bureau.

3217. By permission of the bureau medical officers who desire to undertake research work, and who have been detailed for duty in Washington or other place, may, when their services can be spared, avail themselves of the advantages of the laboratories for their investigations.

3218. The course of instruction for a session will cover a period of not less than five months, and embrace the following: Naval and general hygiene, naval and operative surgery, tropical medicine, pathology, medical zoology, bacteriology, serology, ophthalmology, chemistry, psychiatry, roentgenology, and electro-therapeutics, Hospital Corps drills, duties of the medical officer in Navy Regulations and Naval Instructions and Manual for the Medical Department, and such other subjects, including naval law, epidemiology, quarantine, etc., as may be feasible. In all these courses special attention shall be given to those features pertaining to the practical work of naval medical officers.

3219. Student officers shall be required to be present at all the exercises of the school unless excused by the medical officer in command or other competent authority. They shall be considered on duty during the hours prescribed for school work, and shall be required to conform in all respects to the United States Navy Regulations and Naval Instructions and such orders as may be issued from time to time for their guidance and the maintenance of discipline.

3220. Applications from medical officers of ships and stations for the loan of books, and duplicate copies of current periodicals in the school library, should be addressed to the medical officer in command. It is the intent to have the library of the school utilized by medical officers generally so far as may be practicable, but receipts will be required, and officers securing publications will be held responsible for their prompt return.

SECTION 3.—INSTRUCTIONS RELATING TO COLLECTING, PRESERVING, AND FORWARDING SPECIMENS TO THE SCHOOL.

3221. The laboratories of the Naval Medical School are prepared to make examinations of and furnish reports on pathological, bacteriological, and other specimens. Such specimens and samples should be forwarded direct to the medical officer in command of the school, properly packed, and be accompanied by a report made on a prescribed form issued to medical officers upon application.

3222. Blood for Wassermann reaction should be taken from a vein or collected in a Wright's tube, and set aside until the clear serum separates from the clot. The serum should then be removed by means of a capillary pipette and forwarded in sealed capillary tubes or small vials.

3223. Samples of which a chemical examination is desired should be accompanied by an explicit statement as to the kind and extent of examination wanted. Such samples should be adequate in quantity. When it is necessary to use preservatives due care must be exercised in their selection that interference with subsequent examination may be avoided.

3224. Pathologic tissue, including gross and microscopic specimens and blood smears, parasitic worms and their ova, mosquitoes, flies, fleas, ticks and other parasitic insects, snakes, poisonous fish, and any other specimens of medical interest, especially in the Tropics, are desired and required for the school collection. Specimens of ordinarily little value may be of interest because of the remote or unusual locality in which they were collected.

3225. The simplest method of preserving tissues for microscopic study is to place small pieces, not over ⅕ inch (5 mm.) thick, in a 10 per cent solution of formalin (4 per cent formaldehyd) for 10 to 24 hours, then transfer them to 70 per cent alcohol, in which they may be left indefinitely. Feces containing ova may be preserved by mixing with an equal volume of 10 per cent formalin. Worms may be preserved in 10 per cent formalin for from 2 to 24 hours, according to size, and then transferred to lacto-phenol solution (glycerin 2, water 1, phenol cryst. 1, lactic acid 1); nematodes may be placed directly in hot (80 C.) 70 per cent alcohol and allowed to remain indefinitely.

3226. A separate label should be sent with each specimen, giving full information particularly covering the following points: Name, sex, age, and race of patient, with pertinent clinical notes; animal and organ from which parasite was collected; locality in which specimen was collected; locality of probable infection; method of preservation.

3227. Double tin mailing cases, with specimen bottles suitable for average specimens, have been sent to naval hospitals and certain tropical stations. These and other special bottles and cases will be supplied from the school upon request.

3228. Typhoid bacilli emulsion for Widal test, culture tubes and blood stain and other bacteriological supplies listed on the supply table as procurable from the school, should be applied for direct by letter or telegram addressed to the medical officer in command.

3229. Under section 473, Postal Laws and Regulations, are given restrictions imposed in regard to the transmission through the mail of pathological or diseased tissues, blood or syphilitics, tubercular sputum, liquid cultures, etc.

Medical officers contemplating the use of the mails for transmission of material that might be forbidden, or for which specific directions are given, should apply for information to the Post Office Department, Washington, D. C.

Section 4.—Naval Medical Correspondence Course.

3230. Upon recommendation of the bureau the Navy Department on January 24, 1916, authorized the establishment of a correspondence course for medical officers of the Naval Reserve Force. This course is also open to acting assistant surgeons of the Navy and to medical officers of the Naval Militia.

Acting assistant surgeons and officers of the Naval Reserve Force on active duty are required to take the course, unless they have previously completed the regular course of instruction at the Naval Medical School.

The course is administered by the Naval Medical School. The object is to promote the efficiency of these officers by systematic instruction in naval forms, customs, regulations, and procedures.

CHAPTER 20.

SUPPLIES AND SERVICES; REQUISITIONS; PUBLIC BILLS AND VOUCHERS.

SECTION 1.—LAWS RELATING TO THE PROCUREMENT OF SUPPLIES, SERVICES, ETC.

3301. Regulations of supplies. Sec. 1549, R. S.
3302. Advertisements for proposals. Sec. 3709, R. S.; acts June 22, 1874, Jan. 27, 1894.
3303. Naval supplies, how purchased and issued. Acts Mar. 2, 1891, Mar. 2, 1907.
3304. Supplies to be deemed naval and not bureau supplies. Act June 30, 1890.
3305. Contracts for the naval and military service, how controlled. Sec. 3714, R. S.; act Feb. 27, 1877.
3306. Naval supplies to be furnished by contract. Sec. 3718, R. S.; act June 30, 1890.
3307. Purchases that may be made without advertising. Sec. 3721, R. S.
3308. Contracts to be in writing. Sec. 3744, R. S.
3309. Oath to contract. Sec. 3745, R. S.
3310. Penalty for omitting returns. Sec. 3746, R. S.
3311. Instructions. Sec. 3747, R. S.
3312. Returns office. Secs. 512, 513, 514, 515, R. S.
3313. Original contract to be deposited with Auditor for the Navy Department. Act July 31, 1894.

SECTION 2.—NAVY REGULATIONS AND NAVAL INSTRUCTIONS RELATING TO THESE SUBJECTS.

3321. Bureau to require and have custody of all medical supplies. R 133 (4).
3322. Medical outfits for ships. R 4623.
3323. Requisitions and supplies from any other department of the ship. I 4422.
3324. Requisitions for supplies or services on ships at navy yards in emergencies. I 4472 (6).
3325. General instructions as to open-purchase requisitions. I 4654 (1).
3326. Open purchase in emergencies. I 4654 (6).
3327. Requisitions for supplies from ships at navy yards. I 4475.
3328. Requisitions for supplies by open purchase on shore, how made, approved, and fulfilled. I 4657.
3329. Medical supplies, instruments, etc., to be selected by officers representing the departments requiring for them. I 4480.
3330. Inspection of supplies purchased. I 3225; I 4678.
3331. Public bills to be prepared without delay. I 4691.
3332. Approval of public bills and preparation of vouchers. I 4483.
3333. Disposition of bills and requisitions. I 4484.
3334. Disposition of medical supplies upon a ship going out of commission. I 2124.

SECTION 3.—LAWS AND DECISIONS RELATING TO MEDICAL SERVICES AND SUPPLIES.

3341. Medicines and medical attendance. Sec. 1586, R. S.

3342. Reimbursement for dental services is authorized after injury incurred in line of duty. (Ruling, Comptroller's Office, May 23, 1913.)

3343. Officers proceeding under orders entitled to medical attendance. (Ruling, Comptroller's Office, Feb. 11, 1902.)

SECTION 4.—NAVY REGULATIONS RELATING TO MEDICINES AND MEDICAL ATTENDANCE.

3351. Expenses for medical attendance, when allowed. R 4534 (1).

3352. Sickness or injury, to be reported. R 4534 (2).

3353. Claims for expenses. R 4534 (3).

3354. Treatment by specialist. R 4534 (4).

3355. Expenses for enlisted men. R 4534 (5).

3356. Where there is no Government hospital. R 4534 (6).

3357. Sick officers entitled to attendance within or without a naval hospital. I 3222.

SECTION 5.—GENERAL INFORMATION RELATING TO MEDICINES AND MEDICAL ATTENDANCE.

3361. All officers of the Navy and Marine Corps on duty are entitled to the professional services of medical officers of the Navy who are detailed for the purpose. When medical officers treat officers who are not regularly under their care, they shall forward medical histories of such cases to the Bureau of Medicine and Surgery. I 3222.

3362. Under the laws and regulations, expenses incurred by officers of the Navy for medicines and medical attendance shall not be allowed unless they were incurred when on duty, and the medicines could not have been obtained from naval medical supplies, or the attendance of a naval officer could not have been had, except as provided in article R 4534 (4).

3363. The regulations require that officers on duty where the services of a naval medical officer are not available shall report their condition to the Surgeon General of the Navy as soon as practicable after the occurrence of their sickness or injury in order that their claims for expenses may receive immediate attention.

3364. All claims for expenses incurred by officers of the Navy for medicines and medical attendance, accompanied by duplicate receipted bills, shall be forwarded to the Surgeon General for examination and approval. A voucher covering the claim for such expenses will then be prepared in the Bureau of Medicine and Surgery and forwarded to the officer concerned for signature. Upon the approval of the voucher by the Surgeon General, the Paymaster General will order its payment by a designated pay officer.

3365. Bills for medical attendance upon enlisted men on recruiting duty for medicines and surgeon's necessaries and for treatment in hospital shall be properly made out and certified to by the medical officer and submitted to the Bureau of Medicine and Surgery before payment, accompanied by letter of advice, giving the disease or injury on account of which the expenses were incurred. Upon all copies of public bills for such expenses the medical officer will certify that Navy medical supplies were not available, or that the services of a Navy medical officer could not be had, or that treatment in hospital was necessary. Expenses for medicines for or medical attendance upon a naval officer on recruiting duty will be paid by the officer receiving them and claim for the expense so incurred submitted to the Surgeon General in accordance with article R 4534.

SECTION 6.—INSTRUCTIONS RELATING TO THE PREPARATION AND DISPOSITION OF REQUISITIONS, PUBLIC BILLS, ETC.

3371. All purchases and contracts for supplies or services for the naval service shall be made by or under the direction of the chief officer of the Department of the Navy. Sec. 3714, R. S.; I. 4651.

3372. All purchases or contracts for supplies or services, in any of the departments of the Government, except for personal services, shall be made by advertising a sufficient time previously for proposals respecting the same, when public exigencies do not require the immediate delivery of the articles or the performance of the service. When immediate delivery or performance is required by the public exigency, the articles or service required may be procured by open purchase or contract, at the places and in the manner in which articles are usually bought and sold or such services engaged between individuals. Sec. 3709, R. S.

3373. That hereafter the purchase of supplies and the procurement of services for all branches of the naval service may be made in open market in the manner common among business men, without formal contract or bond, when the aggregate of the amount required does not exceed $500, and when, in the opinion of the proper administrative officers, such limitation of amount is not designed to evade purchase under formal contract or bond, and equally or more advantageous terms can thereby be secured. Naval act of March 2, 1907.

3374. When the United States enters into a contract with any of its citizens it stands on identically the same footing as an individual, and is, therefore, subject to the same obligations and invested with the same rights as exist against or in favor of any citizen.

3375. Requisitions will be submitted to the bureau, accompanied by so many memorandum copies as may be required, and numbered in series by fiscal years. The memorandum copies of the requisition are filed in the Bureau of Medicine and Surgery; in the Bureau of Supplies and Accounts; and in the Navy pay office where the purchase is made; and the original of the requisition, attached to the public bill, is finally filed in the office of the Auditor for the Navy Department. One memorandum copy of each requisition and public bill for supplies or services (except supplies on Form B and Form 4) shall be plainly stamped or inscribed across its face "Copy for accounting section, Bureau of Supplies and Accounts."

3376. For the better preservation of data concerning requisitions and public bills, and to obviate the necessity for entering numerous items in the bill book, ribbon copies of all requisitions and public bills pertaining thereto will be filed in jackets marked with the serial number of the requisitions.

3377. Requisitions will give such descriptions of articles or services as will enable purchasing pay officers and bidders to understand readily what is required. As a rule Navy standard specifications will be used, reference being made to the appropriate one by number and letter. Whenever it is impracticable to give such full information on the face of requisitions, specifications will be written in full on separate paper and attached. When various articles are included in a requisition, items of a similar nature will be arranged consecutively.

3378. The names of acceptable bidders may be entered on the face of the memorandum copies as a guide to the purchasing officer in inviting proposals. Explanatory notes necessary for the information of the bureau will be made to show (*a*) articles required to replace such as have been condemned by survey, with date of bureau approval of the survey, and (*b*) additional articles required for the proper maintenance of the station; the purposes for which they are required will be noted in the space set aside for that purpose. The estimated cost will be entered opposite each item on all memorandum copies and the total in ink. If necessary to a complete understanding thereof, the requisition will be accompanied by a letter. I 4654.

3379. Requisitions will not call for proprietary articles in any case where it can possibly be avoided, and when calling for proprietary articles will be indorsed "The above articles and no others will answer the necessities of the service."

3380. If all the articles bought under a requisition are not embraced in one public bill, on those public bills to which the requisition is not appended a note will be made stating the date and amount, with dealer's name, of the public bill to which it is attached. Vouchers shall bear a statement whether complete or not, and, if not complete, the balance (liability) due.

3381. Items of requisitions will be numbered in the margin on the left, and items of public bills will be similarly numbered, item for item, with the item numbers of the requisition.

3382. Annual requisitions for "miscellaneous expenses" at naval hospitals will be utilized for the purposes indicated by the phraseology thereof when the care of the sick requires the delivery of articles or the performance of service under circumstances not admitting of delay sufficient to obtain the specific approval of the bureau. This character of requisition is permitted in order to obviate the too frequent use of the special exigency voucher. The estimated cost thereon will not be regarded as an expendable allowance. Public bills made thereunder will not be delayed until the end of the quarter.

3383. Stores required for hospital, yard, and station use, kept in stock by the general storekeeper under the naval supply fund, will be obtained on stub requisitions. Stores for hospitals will be charged to naval hospital fund. Stores for navy yards and stations will be charged to "Medical Department" or "Contingent, M. & S.," as the case may be.

3384. Public bills will be made with such number of memorandum copies as may be required. The approval of the commandant and of the Paymaster General is not required. They will be forwarded for payment to the pay officer who placed the order, or to the Bureau of Supplies and Accounts.

3385. Signatures will be affixed to certificates, approvals, and acknowledgments of delivery upon the originals of public bills. The memorandum copies will be true copies thereof, except that the places for signature shall be completed in the several offices through which public bills are required to pass by stamping or typing thereon the names.

3386. Medical officers will be held responsible for the correctness of the certificate that supplies have been inspected, passed, and received into store, etc., and purchasing pay officers will be held responsible for the correctness of the prices, extensions, and footings; both officers, however, should exercise special care to secure accuracy in public bills both as to figures and appropriations.

3387. Public bills will not be delayed for the completion of statistical and other reports and returns, and at the close of the fiscal year medical officers will exercise especial care that all unsatisfied requisitions and contracts are promptly completed and public bills rendered.

3388. Public bills for deliveries accepted shall be prepared and forwarded without delay, in order that dealers may have no occasion to address letters of inquiry or complaint to the department. (Art. I 4691.)

3389. Dealer's bills will be attached (pasted) to the upper left-hand corner of all public bills and must be certified by the payee to be "Correct and just. Payment not received." This certificate by the payee must be on all public bills, whether open purchase, Navy pay office contract, bureau contract, bureau order, or special exigency.

3390. The original of the public bill will be the ribbon copy. The memorandum copies will be made by carbon process. The totals of all public bills will be written across the face in words.

3391. The phraseology of forms will not be altered, and the wording of the certificate as to supplies and services will not be changed when only one or the other is furnished or performed. Requisitions and public bills will bear the appropriation and subhead of appropriation as hereinafter given. Entries

will be made on public bills of the number and date of requisition or contract, and when contract follows a requisition the number of the requisition as well as the number and date of the contract will be given.

3392. Vouchers will be made in favor of the dealer from whom the supplies have been obtained or the person who has rendered the service. They will never, for convenience, be made in the name of a person employed on the station.

3393. Services or material supplied in an emergency should be covered by requisition, either before or after the transaction, in order to comply more fully with the law and also as a matter of record and future reference. In every instance where it is impracticable for the purchasing pay officer to take advance action, due to sudden emergency or other unforeseen contingency, it is of the utmost importance that a purchasing pay office place "formal" order or contract on requisition prepared to cover the transaction, and when requisition is prepared a full and detailed statement as to the necessity for advance action shall be given. Section 3744 of the Revised Statutes provides that every contract be reduced to writing and signed by contracting parties. Without considering the requirements of the regulations and regardless of the fact that authority to place orders and contracts is vested in the purchasing pay officers under the cognizance of the Bureau of Supplies and Accounts, it may be stated that there are formalities, some required by statute, others by directions from the department, which must be attended to before the transaction is thoroughly complete. For instance, the original of each contract or order must be forwarded to the Auditor for the Navy Department; a copy of each contract must be forwarded to the Returns Office, Department of the Interior; bills must be received in duplicate, properly certified; certification of delivery must be secured, etc.

The Bureau of Supplies and Accounts desires, so far as may be practicable, to avoid the continued use of the "special exigency public bill" without embarrassing the efficient and prompt transaction of business at naval hospitals.

3394. Special exigency public bills were prepared by the Second Comptroller of the Treasury for the especial use of the Medical Department of the Navy, in recognition of the fact that special exigencies arise in the care of the sick and the preservation of hospital buildings when services or supplies can not be obtained under the authority of existing contracts or requisitions. These public bills will be used only at hospitals and shore stations in cases of sudden emergency, such as broken water, steam, and gas pipes; falling walls and ceilings; broken heating and cooking apparatus; when articles for the care and welfare of the sick are immediately necessary; and for funeral expenses. Medical officers rendering special exigency public bills will assume the entire responsibility for them and will certify to the methods by which services or articles were secured, to the correctness of the charges, and will make the proper entries on the reverse of the forms. An additional certificate will be made by the medical officer across the fact of the voucher as to the necessity for the procurement of supplies or services, in which he will quote or state the authority or necessity for incurring the expense. This form will be used at hospitals when the procurement of supplies becomes necessary owing to the failure of contractors. When so used a concise statement will be made of the circumstances, the name of the delinquent contractor, and the date and number of the contract. Special exigency public bills will be forwarded through the Bureau of Supplies and Accounts for payment. The bureau has endeavored to discourage the too frequent and the sometimes unjustified use of this form of public bill, and has brought to the attention of commanding officers of hospitals the fact that the responsibility accepted by them in procuring supplies and services and making public bills for same is without warrant of statute law, and that the special exigency form of public bill is only allowed by the comptroller for special emergencies arising in the care of the sick. In every instance where practicable supplies and services will be procured by the purchasing pay officer and in sudden emergencies requisitions to cover the purchases thus made, with

suitable notation thereon, will be submitted for subsequent approval by the bureau.

3395. Instructions in relation to the preparation of requisitions upon the medical supply depots will be found in detail on the forms used therefor and in the supply table.

3396. Requisitions afloat in home ports and afloat and ashore abroad will be prepared upon the forms provided by the bureau when it is desired that stores shall be forwarded from a medical supply depot and upon ships' forms when the stores are to be purchased upon the station. Medical officers on shore duty within the United States when submitting requisitions will use Form B and Form 4 for supplies listed in the supply table and for other supplies will use Form 1.

3397. Duplicating processes in the preparation of requisitions and public bills are commended, as they insure accuracy of copies. Care will be exercised that all copies are entirely legible, and all footings will be make in ink.

3398. Medical officers shall see that all public bills bear the appropriation designated by the requisition.

3399. The expense of maintenance of hospitals (including supplies and provisions, fuel, medicines, furniture, equipment) and of repairs to buildings, roads, fences, etc., and of repairs of furniture and equipment, is a charge against the naval-hospital fund. The naval-hospital fund is only available for hospital expenses.

3400. Other appropriations chargeable with hospital expenses are "Contingent, M. and S.," for burial of the dead; purchase of horses, wagons, trees, seeds, etc.; "Bringing home remains," for transportation of remains when authorized by the bureau; "Medical Department," for pay of civil employees on the pay roll; "Pay of the Navy," for rental of quarters; "Pay, miscellaneous," for telegrams, telephones, and postage stamps; "Freight, S. and A.," for expressage and freight.

Section 7.—Public Bills Afloat.

3401. Purchases on board ship are made by the pay officer of the ship, approved by the captain or by the commander in chief. The selection of the articles is made by the medical officer.

3402. Public bills for all supplies and services for the Medical Department on board ships on foreign stations are made out on forms furnished by the Bureau of Supplies and Accounts.

3403. The pay officer of the ship furnishes the medical officer with copies of all public bills relating to his department for the files of the Medical Department of the ship.

Section 8.—Naval Medical Supply Depot Priced Invoices, Ashore and Afloat.

3411. There are no public bills, properly speaking, accompanying naval medical supply depot requisitions.

3412. The completion of all such requisitions is accomplished by entering the aggregate value (priced invoice) of all stores received on the back of the last sheet of the particular form used, and when they have been receipted by the officer requiring for the stores and returned to the naval medical supply depots, they are considered in the light of public bills.

3413. The accomplishment of all naval medical supply depot requisitions and priced invoices is confined to—

(*a*) The medical officer submitting the requisition.

(*b*) The Bureau of Medicine and Surgery, where the requisition is approved, disapproved, or modified.

(*c*) The medical officer in command of the naval medical supply depot, where the requisition is filled and delivered to the hospital, station, or ship from which submitted.

3414. Supplies obtained on naval medical supply depot requisitions and priced invoices are issued from the stock already purchased by the Bureau of Medicine and Surgery. The fulfillment of such requisitions, therefore, requires no action on the part of the Bureau of Supplies and Accounts.

Section 9.—Miscellaneous Supplies.

3421. Certain equipment of the Medical Department aboard ship, like operating-room furniture, bunk frames, splint stretchers, mattresses, etc., is furnished by the Bureau of Construction and Repair, and requisitions pertaining to these articles should be drawn accordingly. Requisitions for electrical apparatus not strictly medical go to the Bureau of Steam Engineering.

3422. Upon requisition by the medical officer, the commanding officer of the ship will authorize the pay officer to pay for any articles of special diet obtained for the sick from wardroom or other mess on shipboard. When a patient is wholly subsisted in this manner the pay officer will check the mess rations on the pay roll.

Section 10.—Laws and Decisions Relating to Funeral Expenses.

3431. Funeral expenses. Sec. 1587, R. S.; acts of May 13, 1908; Aug. 29, 1916; June 15, 1917.

3432. Deaths and desertions. Sec. 1624, R. S., art. 20, A. G. N.

3433. Transportation and burial of the dead (Navy). Annual appropriation act (contingent, Medicine and Surgery).

3434. Funeral expenses of marines, including the transportation of bodies from the place of demise to the homes of the deceased in the United States. Annual naval appropriation act (contingent, Marine Corps).

3435. Transportation of remains (special appropriations). Naval appropriation acts approved Apr. 27, 1904, Mar. 3, 1905, May 13, 1908, Aug. 29, 1916, June 15, 1917.

3436. (*a*) Funeral expenses of an enlisted man of the Navy who dies at a naval hospital and is buried by naval authorities, defrayed by Government. (*b*) If funeral taken charge of by relatives, expenses not chargeable to Government. Ruling, Comptroller's Office, Mar. 19, 1901.

3437. Disinterring and transporting of remains. Ruling, Comptroller's Office, Apr. 8, 1902.

3438. Burial expenses of enlisted men of the Navy. Rulings, Comptroller's Office, July 5, 1902, Aug. 5, 1916.

3439. Transportation of remains allowed where home is not in United States. Ruling, Comptroller's Office, Nov. 10, 1902.

3440. Shipment of remains of officers who die at sea chargeable to appropriation "Bringing home remains of officers and men, Navy and Marine Corps, who die abroad." Ruling, Comptroller's Office, Apr. 7, 1903.

3441. No funeral expenses may be allowed for an officer who dies in Hawaii, as it is not a foreign country. Ruling, Comptroller's Office, Dec. 14, 1903.

3442. Public transportation of deceased marines to homes in the United States authorized. Ruling, Comptroller's Office, Mar. 7, 1904.

3443. Reimbursement of expenses for disinterring and transporting to their homes the remains of enlisted men who die within the continental limits of the United States is authorized. Ruling, Comptroller's Office, Aug. 3, 1904.

3444. Under urgent deficiency act, June 15, 1917, funeral expenses of officers of the Navy and Marine Corps in active service who die in hospitals, or whose remains may be transferred thereto, may be defrayed as a charge against the appropriation "Contingent, M. and S., 1917–1918," during the period for which the appropriation is made. This enactment was secured to meet the emergency of war. It does not, primarily, annul section 1587 of the Revised Statutes, but acts to suspend, temporarily, the prohibition of that section.

SECTION 11.—NAVY REGULATIONS AND NAVAL INSTRUCTIONS RELATING TO FUNERAL EXPENSES.

3450. Care in preparation of remains. R 4551 (5–8).

3451. Gratuity pay to designated beneficiary. R 4551 (1).

3452. Funeral expenses in United States and in foreign countries. R 4551 (2).

3453. Expenses of interment, how governed in varying circumstances. R 4551 (3) (4).

3454. Pay for services of ministers at burials of officers may not be allowed. (Sec. 1587, R. S.) Such services in the case of enlisted men may be employed when the services of a Navy chaplain are not available. (Department's letter No. 6427–56; M. and S. No. 123665.)

3455. (*a*) In all cases where the shipment of the remains of an officer or enlisted man of the Navy or Marine Corps, who may have died in a naval hospital, is requested by the next of kin, this request shall be made to the Bureau of Medicine and Surgery by telegram; all shipments authorized will be on two first-class tickets or on Government bills of lading, prepaid. In the case of an officer or enlisted man of the Navy bills for the shipment of remains will be a charge against the appropriation "Bringing home remains of officers and men, Navy and Marine Corps, who die abroad." In the case of an officer or enlisted man of the Marine Corps, bills for the shipment of remains will be a charge against "Contingent, Marine Corps," and will be forwarded direct to the quartermaster, United States Marine Corps, for payment. Under the Comptroller's decision of August 5, 1914, expenses of transportation of remains of persons not in the naval service can not be made a charge against Government, except as prescribed in paragraph 3460.

(*b*) In all cases where the wishes of the kin are desired with respect to disposition of remains, they shall be instructed by telegraph to communicate without delay direct with the Surgeon General, Navy Department, Washington, D. C. R 2119 (2).

3456. No funeral expense of a naval officer who dies in the United States, nor expenses for travel to attend the funeral of an officer who dies there, shall be allowed. But when an officer on duty dies in a foreign country the expenses of his funeral, not exceeding his sea pay for one month, shall be defrayed by the Government and paid by the paymaster upon whose books the name of such officer was borne for pay. (Sec. 1587, R. S.) (See 3444.)

3457. The fact that an officer of the Navy has started on foreign service, but died in a port of the United States at which his vessel had touched, does not relieve his case from the prohibition contained in section 1587 of the Revised Statutes.

3458. Under a decision of the Navy Department, the allowance of the funeral expenses of officers who die at sea on their way home from a foreign station is not prohibited by section 1587 of the Revised Statutes.

3459. The transportation expenses of the remains of officers and enlisted men who die on duty in a foreign country will be defrayed from an appropriation under the control of the Bureau of Medicine and Surgery.

3460. The naval appropriation acts contain provisions which authorize the Secretary of the Navy, in his discretion, to cause to be transferred to their homes the remains of officers and men of the Navy and Marine Corps who die or are killed in action ashore or afloat and the remains of civilian employees who die outside the continental limits of the United States. The acts further provide that the sums appropriated for this purpose shall be available for transportation of the remains of officers who have died while on duty at any time since April 21, 1898, and shall be available until used and applicable to past as well as future obligations.

3461. Where the family of an enlisted man of the Navy who dies while on leave notifies the naval authorities of his death (an evident request for burial,

but which was not so construed by the authorities), and then proceeds with the funeral at their own expense, they may be allowed reimbursement for the necessary and proper funeral expenses when approved by the Bureau of Medicine and Surgery.

Section 12.—Disposition of the Dead.

3462. When a death occurs aboard a ship in home waters and within easy reach of a United States naval hospital, the body may be sent to said hospital after due notice, unless there are reasons for immediate burial or shipment elsewhere. Outside home waters the body should be sent to a hospital ship, if one is at hand, after giving due notice to commanding officer of the same. In all cases where a body is sent away for shipment or burial, body should be dressed or proper uniform for burial sent with it. A copy of report (certificate of death) Form N should accompany body when transferred. Sec. 2579.

CHAPTER 21.

INVOICES AND RECEIPTS; PROPERTY ACCOUNTABILITY; TRANSFER OF STORES.

Section 1.—Navy Regulations and Naval Instructions Relating to Invoices and Receipts of Medical Stores, Supplies, and Transfer of Stores.

3501. Invoices and receipts. I 2118.
3502. Transfer of stores. I 2124; I 2125; I 4422.
3503. Medical supplies. R. 4623.
3504. Accountability for property. I 2125; I 3255.

Section 2.—General Information.

3511. Medical officers are required to make themselves familiar with the instructions contained in the Navy Regulations and Instructions relating to medical invoices and receipts, property accountability, and transfer of stores.

3512. The medical officer shall be furnished with triplicate invoices of all articles embraced in his medical outfit as soon as the ship to which he has been assigned has been placed in commission. The invoices shall be signed by the medical officer in command of the naval medical supply depot.

3513. Upon the delivery of the medical stores the medical officer shall receipt for them, but not until he has satisfied himself that they correspond in character and amount to the specifications of the invoices. The medical officer shall forward the first to the medical officer of the medical supply depot, the second to the Bureau of Medicine and Surgery, and the third shall be retained for the files of the medical department of the ship.

3514. When medical stores have been transferred from a naval medical supply depot to a ship after the receipt and proper disposition of the regular outfit, they shall be invoiced and receipted for in like manner.

3515. When medical supplies are transferred from a medical supply ship, storeship, storehouse, or depot to a ship, the invoices and receipts shall be made in triplicate. They shall be approved by the senior officer present and disposed of in the same manner as at a navy yard.

3516. In transferring medical stores from one ship in commission to another the invoices and receipts shall be prepared in triplicate and approved by the senior officer. Medical officers receiving and transferring stores shall sign the three copies; the first shall be retained by the medical officer receiving the stores, the second shall be forwarded through the commanding officer to the Bureau of Medicine and Surgery, and the third should be kept by the medical officer transferring the stores.

3517. Should the medical officer discover any discrepancy, error, or omission in the invoices of stores, such fact shall be reported by him to the commanding officer, who shall cause the necessary corrections to be made in the invoices before they are receipted.

3518. The invoices of medical stores shall be placed on the files of the medical department of the ship, and when the ship is placed out of commission they shall be transferred with the medical outfit as directed by Naval Instructions, article 2124.

3519. In all cases where stores or medical supplies are transferred from the care of one medical officer to another, triplicate receipts must be passed.

3520. The instructions contained in the Navy Regulations require that whenever a medical officer or a member of the Hospital Corps in charge of medical supplies is relieved from duty he shall transfer to his successor all public property under his charge. I 2125; I 3255.

3521. Medical officers are required by the regulations to keep an accurate account of the expenditure of all public property under the control of the Medical Department of the Navy.

3522. Medical officers will forward to the Bureau of Medicine and Surgery, with the return of property (Form D), a concise account of the authority and reasons for expenditure and disposition of all property expended, other than medicines, hospital stores, surgical dressings and appliances, and stationery.

3523. They will not be released from responsibility for the loss of surgical instruments, nonexpendable supplies, or furniture, unless the expenditure shall have been authorized by the bureau or a board of survey.

3524. The property return from ships in the fleet shall be forwarded through the commander in chief and the fleet surgeon, who will ascertain whether or not expenditures were made with due regard to efficiency and economy, and will report to the bureau any instances of wastefulness or unauthorized expenditure.

3525. Issues of medicines or medical stores to persons other than those in the Navy shall be noted in a prescription book kept for the purpose.

SECTION 3.—OUTFITS AND SUPPLIES FURNISHED FROM THE NAVAL MEDICAL SUPPLY DEPOTS—NAVAL INSTRUCTIONS RELATING TO THE MANNER OF MAKING REQUISITIONS.

3531. Requisitions for hospitals, receiving ships, yards, stations, and ships in commission. I 2119; I 2120.

3532. Requisitions for medical supplies. I 4657.

3533. Instruments and medical supplies to be selected. I 4480.

SECTION 4.—INSTRUCTIONS RELATING TO THE MANNER OF MAKING REQUISITIONS.

3541. Requisitions for stores and supplies that may be required in the Medical Department of the Navy shall be made on the prescribed forms, as follows:

(*a*) For hospitals, on the 1st of March and September.

(*b*) For yards and stations, on the 1st of April and October.

(*c*) For receiving ships and ships in reserve, on the 1st of May and November.

(*d*) For cruising ships, when necessary or when near a convenient source of supply.

3542. The quantities of medicines required shall correspond in amount to the packages designated in the Supply Table, and the column "On hand" shall always be entered opposite the articles required.

3543. A medical officer serving in a ship not attached to a fleet and outside the United States may make semiannual requisitions for medical stores on the pay officer of the ship.

3544. Indispensable articles not embraced in the Supply Table that may be needed before the time for the semiannual requisitions, may be required for whenever such supplies are deemed necessary. Special requisition (Form 4) shall be employed for this purpose, or requisition Form 1, as provided in article 3396.

3545. The allowances in the Supply Table are intended as the basis of supplies when fitting out for a cruise. Needful additions may subsequently be made from time to time by requisitions, but it is not necessary or expected that these additions shall bring the amount on hand fully up to that given in the Supply Table.

3546. Requisitions for stores and supplies shall be made by the senior medical officer to cover ordinary expenditures; but if it can be avoided such supplies shall not be procured by purchase.

3547. When any of the supplies and stores on board ship in charge of other officers are deemed necessary for the treatment of the sick, they may be obtained by the senior medical officer upon requisition duly approved by the commanding officer. A receipt for them shall be given. (I 4422.)

3548. Requisitions for medical supplies from ships in commission at navy yards shall be made upon the Bureau of Medicine and Surgery, unless to supply some article for which there is an immediate demand, in which case the purchase shall be made by the pay officer of the ship upon a requisition approved by the commandant. (I 4472 (6); I 4654 (6).)

SECTION 5.—INSTRUCTIONS RELATING TO THE SUPPLY TABLE, SUPPLIES FROM SUPPLY DEPOTS, SUPPLY SHIPS, AND THE NAVAL MEDICAL SCHOOL.

3551. (*a*) The Supply Table of the Medical Department is intended as a basis for all requisitions from hospitals, shore stations, and ships.

(*b*) The Field Supply Table is intended as a basis for supplying the needs of an expeditionary force.

3552. Medical outfits for ships in commission on the Atlantic coast shall be furnished from the naval medical supply depot, Brooklyn, N. Y. Medical outfits and supplies for ships in commission on the Pacific coast shall be furnished from the naval medical supply depot, Mare Island, Cal. Medical outfits and supplies for ships on the Asiatic Station shall be furnished, whenever practicable, from the naval medical supply depot, Canacao, P. I.

3553. A supplementary list of articles (not included in the Supply Table) in store at the naval medical supply depots will be furnished upon requisition to hospitals, stations, and ships. In making requisitions for supplies from this list medical officers will use special requisition Form Ba.

3554. Medical officers attached to ships fitting out for foreign stations or extended cruises shall submit their requisitions in ample time to have them filled before leaving a navy yard.

3555. Microscopes and microscopical outfits will be supplied upon approved requisition for these items alone, and when received will be carried on the books of the Medical Department, and shall not be transferred except by authority of the bureau. When a ship is placed out of commission the microscopical outfit will be returned to the Naval Medical School, as directed by Naval Instructions, article 2124 (1) *b*.

3556. The following bacteriological supplies are procurable upon application by letter or telegram to the Naval Medical School, Washington, D. C.:

Blood stain (in sealed tubes containing 0.075 gm., and methyl alcohol, 25 c. c.), blood serum albumin, culture tubes blood serum, culture tubes agar-agar, emulsion typhoid bacilli, for Widal test.

SECTION 6.—INSTRUCTIONS RELATING TO VACCINE VIRUS, TYPHOID PROPHYLACTIC, AND OTHER SERA.

3561. All vaccine virus that may be required is furnished upon request by letter or telegram addressed direct to the bureau, or to the supply depots at Mare Island, Cal., and Canacao, P. I., for the Atlantic, Pacific, and Asiatic Stations, respectively.

3562. Typhoid prophylactic and other sera that may be required will be furnished upon request by letter or telegram addressed to the bureau.

3563. Receipts are forwarded to all medical officers furnished with vaccine virus, typhoid prophylactic, sera, and antitoxins. They should be signed by the medical officer receiving the articles. The original shall be returned to the bureau for its files, and other copies disposed of as indicated on the forms.

CHAPTER 22.

THE NAVAL HOSPITAL FUND.

Section 1.—Laws and Regulations Relating to its Establishment and Administration.

3601. Power to receive gifts in aid of marine hospitals. Sec. 4801, R. S.

3602. Deduction from pay of officers, seamen, and marines for naval hospital fund. Sec. 4808, R. S.

3603. Appropriation of fines imposed by sentence of courts-martial. Sec. 4809, R. S.

3604. Allowance of rations to naval hospitals. Sec. 4812, R. S.

3605. Allowance from pensions. Sec. 4813, R. S.

3606. Deductions for hospitals from pay of officers and enlisted men of the Marine Corps. Sec. 1614, R. S.

3607. First annual appropriation by Congress for the support of the naval hospital fund. Act May 4, 1878.

3608. Pension of seamen, etc., at naval hospitals. How paid. Act March 3, 1899, amending section 4813, R. S.

3609. Hospital fund. Credit for desertion forfeitures. Naval appropriation act, June 7, 1900.

3610. Superintendence of naval hospitals. Sec. 4807, R. S.

3611. Payments from fines and forfeitures for transportation of discharged prisoners. Act March 3, 1909.

3612. Sites for hospitals and extensions to hospitals to be authorized by Congress. Act March 4, 1913.

3613. Proceeds of sale of hospital property revert to the hospital fund.

3614. Payments from navy-yard employees for subsistence in hospital. General Order No. 148, January 10, 1912.

Section 2.—Navy Regulations Relating to the Naval Hospital Fund.

3621. Deductions from pay of officers, seamen, and marines for hospital fund. R 4404.

3622. Deduction of value of rations from accounts of persons in hospitals. R 4521.

3623. Pensions of pensioners and supernumeraries in hospital. R 4533.

3624. Deduction from pay of nurses for hospital fund. R 4428 (5).

3625. Deduction from pay of officers and men of the Naval Auxiliary Service for hospital fund. (See "Regulations for the Naval Auxiliary Service.")

Section 3.—Information Relating to the Origin and Uses of the Naval Hospital Fund.

3631. On July 16, 1798, Congress enacted a law making suitable provision for the relief of sick and disabled seamen. The law went into effect on September 1, 1798. The first section provided that the master or owner of every ship or vessel of the United States arriving from a foreign port should render to the collector of the port a true account of the number of seamen employed on board such vessel, and should pay to the said collector at the rate of 20 cents per month for every seaman so employed; which sum he was authorized to retain out of the wages of such seamen.

3632. Out of this fund the President of the United States was authorized to provide for the temporary relief and maintenance of sick and disabled seamen

in the hospitals or other institutions then existing in the several ports of the United States.

3633. The President was also authorized under the provisions of this act to receive donations of real or personal property in the name of the United States for the erection or support of hospitals for sick and disabled seamen.

3634. Under the same act the President was granted the necessary authority to appoint persons to be called directors of the marine hospitals in the different ports of the United States, who were intrusted with their direction and supervisory control.

3635. The objects and resources of this fund, known as the "Marine hospital fund," as provided by the law July 16, 1798, were considerably enlarged by the act of March 2, 1799, which gave the Secretary of the Navy the necessary authority to deduct, after the first day of September, 1799, from the pay of the officers, seamen, and marines in the Navy of the United States at the rate of 20 cents per month and to pay the same quarterannually to the Secretary of the Treasury. It was further directed that the money so collected should be applied to the same purposes as the money collected by virtue of the act of July 16, 1798, and that it be expended in like manner under the direction of the President of the United States.

3636. By the passage of this act (Mar. 2, 1799) the officers, seamen, and marines of the Navy of the United States were entitled to receive the same benefits and advantages as were provided by the law of July 16, 1798, for the relief of the sick and disabled seamen of the merchant vessels of the United States.

3637. On January 16, 1811, the marine hospital fund amounted to $73,288.38, and of this amount $55,649.29 had been deducted from the pay of the officers, seamen, and marines of the Navy.

3638. Under the provisions of the acts of July 16, 1798, and March 2, 1799, the marine hospital fund was applicable for the relief of merchant seamen and of officers, seamen, and marines of the Navy.

3639. The inconvenience and embarrassments which arose from the treatment of patients in the public service controlled by military law in civil hospitals, where no such restriction existed, were a source of much concern to the Navy Department, and the attention of Congress was called to the propriety of establishing by law separate institutions for the care and treatment of the sick of the Navy.

3640. To remedy the evils resulting from the joint use of a fund, which up to this period had been employed for the relief of the sick of the merchant service, as well as those of the Navy and Marine Corps, Congress enacted a law approved February 26, 1811, which provided for the establishment of naval hospitals. The act contained a clause which directed that $50,000 be appropriated out of the unexpended balance of the marine hospital fund, and that this sum be paid to the commissioners of Navy hospitals for the purpose of a naval hospital fund. The naval hospital fund therefore dates its origin from the passage of this law, February 26, 1811. The same act contained a further provision designating the Secretary of the Navy, the Secretary of the Treasury, and the Secretary of War as a board of commissioners, to be known as the "commissioners of Navy hospitals."

3641. In this act (Feb. 26, 1811), providing for the purchase of suitable sites and the erection thereon of suitable hospital buildings, Congress specified that all expenditures for such purposes should be defrayed from the naval hospital fund.

3642. For almost 20 years from the date of the act establishing naval hospitals the commissioners of Navy hospitals, owing to lack of adequate means, were unable to carry into effect the provisions thereof.

3643. For many years after the establishment of the naval hospital fund the money accruing to such fund was illegally expended for other purposes, the greater portion of which was utilized in meeting the expenditures under the appropriation "Pay of the Navy."

3644. In 1832 the naval hospital fund was in such a condition as to be available to carry into effect the wise and beneficent system contemplated by the act of February 26, 1811, establishing naval hospitals.

3645. For the erection of such hospitals, therefore, Congress by the act of July 10, 1832, appropriated certain specific sums from the naval hospital fund, and directed the Secretary of the Navy to cause to be constructed for the use of the Navy proper hospitals at or near the navy yards of Charlestown, Mass., Brooklyn, N. Y., and Pensacola, Fla. Congress further authorized the erection and completion of the Naval Asylum (Home) at Philadelphia, Pa., the expenses for such work being defrayed in part from the naval hospital fund. As the amounts credited to this fund have not always been sufficient at all times for the purposes for which established, Congress has come to the relief of the fund by making specific appropriations for the erection and completion of several hospital establishments which have subsequently been constructed in meeting the requirements and development of the naval service.

SECTION 4.—CONTINUOUS SOURCES OF REVENUE TO THE NAVAL HOSPITAL FUND.

3651. By the act of March 2, 1799, section 1614, Revised Statutes, the Secretary of the Navy was authorized and directed to deduct, after the 1st day of September, 1799, from the pay thereafter to become due, at the rate of 20 cents per month for each officer, seaman, and marine. Such deductions are made by the pay officers of the Navy and Marine Corps having charge of the pay accounts of the officers, seamen, and marines. The amounts so collected are transmitted quarterly to the Auditor for the Navy Department, and by him placed to the credit of the naval hospital fund.

3652. Section 4812, Revised Statutes, act of February 26, 1811, provides that for every naval officer, seaman, or marine admitted into a naval hospital the institution shall be allowed one ration per day during the period that he remains under treatment in the hospital. The value of such ration is debited against "Provisions, Navy," and credited to the "Naval hospital fund." The commutation price of the ration is fixed by section 1585, Revised Statutes, at 30 cents, and commuted rations stopped on account of sick in hospital are credited at the rate of 50 cents per ration to the naval hospital fund by authority of the naval act of June 30, 1914. (See comptroller's decisions of Aug. 4 and Oct. 28, 1914.) The provision of section 4812, Revised Statutes, is now extended to members of the Nurse Corps and to officers and men of the Naval Auxiliary Service.

3653. Section 4813, Revised Statutes, act of February 26, 1811, provides that the pensions of all officers, seamen, and marines while undergoing treatment in a naval hospital shall be deducted from the accounts of such pensioners, and shall be paid to the Secretary of the Navy, and credited to the naval hospital fund. The pension agent in whose district such pensions are paid transmits the sum due each officer, seaman, and marine during the time he remains under treatment in the hospital to the pay officers on whose books such accounts are carried, to be by them transmitted to the Auditor for the Navy Department.

3654. Section 4809, Revised Statutes, acts February 26, 1811, and July 10, 1832, provide that all fines imposed on naval officers, seamen, and marines (by sentence of court-martial) shall be paid to the Secretary of the Navy for the maintenance of naval hospitals. All credits to the naval hospital fund from this source are adjusted in the office of the Auditor for the Navy Department.

3655. The first annual appropriation ($50,000) for the support of the naval hospital fund was provided by Congress under the act approved May 4, 1878. Between that date and 1908 Congress annually appropriated a sum varying in amount. Since the later date no appropriation has been made.

3657. The naval appropriation act approved June 7, 1900, provides that from and after the 1st day of July, 1900, all forfeitures on account of desertion shall be passed to the credit of the naval hospital fund. Such credits are ad-

justed in the office of the Auditor for the Navy Department. All payments from navy yard employees for subsistence while in hospital pass to the hospital fund.

3658. The act of March 3, 1909, provided that the receipts from fines and forfeitures imposed by naval courts-martial be made applicable for payment for transportation of discharged prisoners to their homes, the balance not required for such payments to be transferred to the naval hospital fund.

3659. Section 4810, Revised Statutes, was amended by act of March 4, 1913, to read as follows:

"SEC. 4810. The Secretary of the Navy shall procure at suitable places proper sites for naval hospitals, and if the necessary buildings are not procured with the site, shall cause such to be erected, having due regard to economy, and preference to such plans as with the most convenience and least cost will admit of subsequent additions, when the funds permit and circumstances require, and shall provide at one of the establishments a permanent asylum for disabled and decrepit naval officers, seamen, and marines: *Provided*, That hereafter no sites shall be procured or hospital buildings erected or extensions to existing hospitals made unless hereafter authorized by Congress." (Naval appropriation act, Mar. 4, 1913.)

SECTION 5.—SPECIFIC SOURCES OF REVENUE TO THE NAVAL HOSPITAL FUND.

3661. The first specific appropriation for the naval hospital fund dates from the act of February 26, 1811, providing for the establishment of naval hospitals, when Congress appropriated for the purpose $50,000 from the marine hospital fund.

3662. By the act of March 3, 1855, section 6, 10 acres of the land belonging to the naval hospital, Chelsea, Mass., were set aside by Congress for the use of the marine hospital of the district of Boston and Charlestown. Several years after the passage of this law Congress, by an act approved June 12, 1858, directed that the value of the land that belonged to the naval hospital at Chelsea, Mass., and that had been ceded to the Treasury Department for the purposes of a marine hospital, should be ascertained and that the sum fixed upon should be credited to the naval hospital fund.

The value of the land was appraised at $50,000, and this amount was accordingly placed to the credit of the naval hospital fund.

3663. By an act approved July 2, 1890, Congress authorized the sale and transfer to the city of Brooklyn of land belonging to the United States Naval Hospital, Brooklyn. A clause in this act directed that the value of the land so ceded should be fixed and determined by a board of three appraisers to be appointed by the Secretary of the Navy. The board, whose report was approved by the Secretary of the Navy, appraised the land at $92,000, which amount was paid into the Treasury by the city of Brooklyn and was placed to the credit of the naval hospital fund.

SECTION 6.—OBJECTS OF EXPENDITURE FROM THE NAVAL HOSPITAL FUND.

3671. The objects for which expenditures may be made comprehend the purchase of hospital sites, the erection of hospital buildings, building of roads, wharves, fences, extension of buildings, and all expenses of maintenance and upkeep, including provisions and other supplies, equipment, furniture, fuel, light, minor and major repairs, and for the support of patients in civil hospitals at home and abroad. Every expense for the proper establishment and maintenance of a naval hospital may be paid from the naval hospital fund, except as Congress may assume to provide for certain expenses by specific appropriation, as, for instance, under "Medical Department," for the pay of civil employees, and under "Contingent" for the purchase of and feed for horses and cows and the purchase of automobile ambulances. Specific provision in an appropriation act estops the naval hospital fund for the same purpose, so that an ambulance that could be purchased from the fund, if not provided in the appropriation, can not be purchased so long as provision is made by appropriation.

CHAPTER 23.

THE NAVY PENSION FUND AND GENERAL PENSIONS.

SECTION 1.—LAWS RELATING TO THE NAVY PENSION FUND.

3701. Secretary of the Navy trustee of Navy pension fund. Sec. 4750, R. S.
3702. Penalties, how to be sued for, etc. Sec. 4751, R. S.
3703. Navy pension fund, how to be invested. Sec. 4753, R. S.
3704. Rate of interest on Navy pension fund. Sec. 4754, R. S.
3705. Navy pensions payable from fund. Sec. 4755, R. S.
3706. Half rating of disabled enlisted persons serving 20 years in Navy or Marine Corps. Sec. 4756, R. S., amended by act of December 23, 1886.
3707. Serving not less than 10 years, may receive what aid. Sec. 4757, R. S., amended by act of December 23, 1886.
3708. Deposit of collections for depredations. Act April 30, 1878.

SECTION 2.—LAWS RELATING TO PENSIONS AND TO THE ORIGIN OF DISABILITY OR CAUSE OF DEATH, IN RELATION TO PESIONS.

3711. Pensions to officers and seamen of the Navy disabled prior to March 4, 1861. Sec. 4728, R. S.
3712. Pensions to widows and minors of some officers and seamen of the Navy disabled prior to March 4, 1861. Sec. 4729, R. S.
3713. Provisions of former acts extended. Sec. 4712, R. S.
3714. Commencement of anterebellion pensions. Sec. 4713, R. S.
3715. Mexican War veterans. Sec. 4730, R. S.; restoration of pension in certain cases. Acts June 9, 1880; January 29, 1887; June 6, 1898; April 23, 1900; March 3, 1903; May 11, 1912.
3716. Pensions allowed at age of 62 for service in Civil and Mexicau wars. Act of February 6, 1907. Provision extended to certain classes of beneficiaries. Act of March 4, 1907.

SECTION 3.—LAWS RELATING TO PENSION FOR DISABILITY CONTRACTED IN THE LINE OF DUTY.

3721. Who are entitled to pensions. Sec. 4692, R. S.
3722. Beneficiaries under preceding section. Sec. 4693, R. S.
3723. Coast Guard to cooperate with the Navy. Sec. 2757, R. S.
3724. Pensions to officers, etc., Coast Guard. Sec. 4741, R. S.
3725. Pensions for physical disability of Medical Reserve Corps. Act April 23, 1908; act August 22, 1912.
3726. Organized Militia; pension for wounds or disabilities received or incurred in service. Act Jan. 23, 1903.
3727. United States Auxiliary Naval Force. Act May 26, 1898.
3728. Limitation in cases of disability incurred since July 27, 1868. Sec. 4694, R. S.
3729. Sick leave, sick furlough, veteran furlough, line of duty. Sec 4700, R. S.
3730. Rate of pension for total disability according to rank. Sec. 4695, R. S.
3731. Relative rank in the Navy. Acts March 3, 1877; June 18, 1878.

3732. Rate of pension dependent on rank when disability originated. Sec. 4696, R. S.

3733. Honorably discharged men serving 90 days during War of the Rebellion, disability not results of own vicious habits. Acts June 28, 1906, June 27, 1890, May 9, 1900, July 1, 1902, May 11, 1912, August 22, 1912.

3734. Rate of specific disabilities prior to June 4, 1872. Sec. 4697, R. S.

3735. Rate for permanent specific disabilities since June 4, 1872. Sec. 4698, R. S.; acts June 18, 1874, June 16, 1880, June 17, 1878, March 3, 1879, April 8, 1904, February 12, 1889, February 28, 1877, June 18, 1874, March 3, 1883, March 3, 1885, August 4, 1886, March 2, 1903, August 27, 1888, January 15, 1903, March 4, 1890, July 14, 1892.

3736. Soundness of soldier or sailor at enlistment to be presumed; but may be rebutted. Act of March 3, 1885.

3737. Merchant marine service; persons serving therein liable to draft in time of war and entitled to pensions for wounds received. Act May 28, 1896.

Section 4.—Pensions to Widows and Dependent Relatives Based on Service Since March 4, 1861.

3741. Widows and minors, when entitled. Secs. 4702, 4703, R. S.; acts June 27, 1890, May 9, 1900, April 19, 1908.

3742. Pensions to dependent relatives. Sec. 4707, R. S.; act June 27, 1890.

3743. Date of death fixed in case of officers, etc., lost in wreck of steamer *Jeannette.* Act January 3, 1887.

3744. One year's pay given to widows, etc., of those lost in wreck of *Ashuelot;* to be deducted from any pension allowed. Act January 29, 1887.

3745. Commencement of pensions arising out of destruction of *Maine.* Act March 30, 1898.

Section 5.—Navy Regulations Relating to Pensions.

3751. Commanding officer to sign descriptive list on certificates of pension. R 2120.

3752. Pension of pensioner in a naval hospital. R 4533.

3753. Service pension to disabled after 10 years' service. R 4561 (1).

3754. Pension after 20 years' service. R 4561 (2).

3755. Evidence of claim for pension on official report of death. R 4562.

3756. Accidents in absence of a medical officer, eyewitnesses to report upon. R 4563.

3757. If record is incomplete the bureau is to decide line of duty. R 4564.

3758. Medical officers at navy yards to examine applicants for pension under sections 4756 and 4757, Revised Statutes, and give required certificates. I 3461 (3).

3759. Correspondence relating to pensions to be direct with Pension Bureau. I 5309.

Section 6.—General Information Regarding Pensions and Pension Legislation.

3761. In making entries on medical records great care shall always be taken by medical officers in stating the degree of disability and to describe its extent, nature, and location. Great care should also be taken to avoid any basis for conflict of opinion between the original record of disability and the findings of a board of survey as to whether the disability was or was not in the line of duty.

3762. The Navy pension fund dates its origin from March 2, 1799, when Congress enacted a law providing that every officer, seaman, or marine disabled in the line of duty should be entitled to receive for his own life, and the life of his wife, if a married man at the time of receiving the wound, one-half of his monthly pay.

3763. The same act further provided that all money accruing or which had accrued from the sale of prizes should be, and remain forever a fund for the payment of the half pay to the officers and seamen who should be entitled to receive the same; and if the fund should be insufficient for this purpose, the public faith was pledged to make up the deficiency; but if it should be more than sufficient, the surplus should be applied as Congress should direct to the making of further provision for the comfort of disabled officers, seamen, and marines, and for such as might not be disabled, but who by their bravery or their long and faithful services might merit the gratitude of their country.

3764. The act of March 2, 1799, also provided for the management of the Navy pension fund by a commission consisting of the Secretaries of the Navy, War, and Treasury, who were authorized to receive all such sums as the United States might be entitled to from the sale of prizes, and to invest the same and the interest arising therefrom in such of the 6 per cent or other stock of the United States as a majority of the commission should deem most advantageous. The commissioners were further directed to lay before Congress every year, in the first week of its annual meeting, a minute and correct statement of their proceedings in relation to the management of the Navy pension fund.

3765. The act for the better government of the Navy, approved April 23, 1800, repealed the act of March 2, 1799, although reenacting many of its features. The provisions as to the management of the fund were reenacted with a proviso that it might be invested in any manner which a majority of the commissioners might deem most advantageous. The effect of this law repealed the clause in the act of March 2, 1799, directing that the Navy pension fund be invested in 6 per cent interest or other stock.

3766. An act approved March 26, 1804, amended the act of March 2, 1799, and directed that the money accruing from the capture of prizes should be paid to the Treasurer of the United States. The Treasurer was required to disburse the Navy pension fund on warrants issued by the Secretary of the Navy, countersigned by the accountant of the Navy, who by law was authorized to receive and settle all accounts relating to the Navy pension fund. By the same act the commissioners were authorized and directed to make such regulations as appeared to them expedient for the admission of persons on the roll of the Navy pensioners and for the payment of pensions.

3767. The act of April 16, 1816, provided that the money accruing from the sale of captured prizes should be paid over by the United States District Court to the Treasurer of the United States on account of the Navy pension fund.

3768. The act of March 2, 1831, providing that all forfeitures collected from persons depredating upon the reserve timberlands should be credited to the Navy pension fund, was repealed by the act of April 30, 1878, which provided that all money derived from this source should be covered into the Treasury of the United States, as is the case with other moneys received from the sale of public lands.

3769. By the act of July 10, 1832, the duties of the commissioners ceased, and the Secretary of the Navy was made the trustee of the pension fund and was intrusted with the payments of all Navy pensions out of it. By the same act Congress directed that the fund be invested in stock of the Bank of the United States.

3770. The act of March 2, 1832, created the office of Commissioner of Pensions and provided that Navy pensions should be paid by the Commissioner of Pensions from the Navy pension fund under the direction of the Secretary of the Navy.

3771. By the act of March 3, 1849, the Department of the Interior was created and the Pension Office was transferred to this department from the War Department. The Pension Office was transferred from the Navy Department to the War Department by the act of March 3, 1835.

3772. The act of July 7, 1862 (sec. 4752, R. S.), for the better government of the Navy, reenacted the former provisions of law relative to the money

accruing to the United States from the sale of prizes, such money to remain forever a fund for the payment of pensions to officers, seamen, and marines entitled to receive them.

3773. The act of July 1, 1864 (sec. 4753, R. S.), directed the Secretary of the Navy, as trustee, to invest the Navy pension fund in registered securities of the United States, and further directed that the interest payable in coin was to be exchanged for legal currency of the United States and to be placed to the credit of the Navy pension fund.

3774. An act approved July 23, 1868 (sec. 4754, R. S.), known as the Butler Act, reduced the rate of interest on the bonds in which the Navy pension fund was invested from 6 per cent in gold to 3 per cent per annum in lawful money.

3775. The report of the Auditor for the Navy Department for the fiscal year ended June 30, 1905, shows that the money accruing to the Navy pension fund from the sale of prizes captured during the Spanish-American War amounted to $723,770.46.

3776. The pension fund from the sale of prizes amounted on July 23, 1868, to $14,000,000, with an annual income, derived from the interest at 3 per cent, of $420,000.

3777. Since 1870 the amount derived from the interest at 3 per cent on this fund has been inadequate to pay all Navy pensions, and the provision of law which pledges the public faith to make up the deficiency has been brought into operation by annual appropriations subsequent to the above date.

3778. The average annual expenditure for Navy pensions for the past five years has amounted to about $3,950,000, and the income from the Navy pension fund available for the payment of Navy pensions during the above-mentioned period has been less than 10 per cent of the amount required for that purpose, and it is improbable that the interest on the Navy pension fund will ever again be sufficient to meet such payments.

3779. The naval appropriation act approved March 12, 1870, contained a clause which provided that the present and all future appropriations for the support of the United States Naval Asylum (Home) should be charged to and paid from the income of the Navy pension fund. The amount appropriated by Congress annually for the maintenance of the home is about $75,000, which reduces the interest available from this fund for the annual payment of Navy pensions to less than $400,000.

3780. The interest on the Navy pension fund is paid semiannually and deposited to the credit of the Secretary of the Navy, as trustee of the Navy pension fund. Congress appropriates annually for pensions, embracing Navy pensions, and the Secretary of the Treasury issues appropriation warrants by which the interest on the pension fund is carried:

(*a*) To the Department of the Interior pension ledger;

(*b*) To the amount appropriated by Congress for the maintenance of the Naval Home.

3781. Section 4753 of the Revised Statutes provides that nothing contained therein relative to the investment of the interest on the Navy pension fund shall be construed to interfere with the payment of Navy pensions under the supervision of the Secretary of the Interior, as regulated by law.

3782. The Secretary of the Navy does nothing more than to cause the proper entries to be made on the appropriation ledger for the Navy Department, except to draw for the sum specified by law for the support of the Naval Home. The amount for Navy pensions is drawn by requisition of the Secretary of the Interior.

3783. Section 4755 of the Revised Statutes provides that Navy pensions shall be paid from the Navy pension fund, but that no payment shall be made therefrom except upon appropriations authorized by Congress.

3784. Other charges against the interest of the Navy pension fund are those provided for in the acts approved March 2, 1867, and December 23, 1886 (secs. 4756 and 4757, R. S.).

3785. Section 4756 of the Revised Statutes, amended by act of December 23, 1886, provides that "There shall be paid out of the Navy pension fund to every person who, from age or infirmity, is disabled from sea service, but who has served as an enlisted person or as an appointed petty officer, or both, in the Navy or Marine Corps for the period of 20 years, and not been discharged for misconduct, in lieu of being provided with a home in the Naval Asylum, Philadelphia, if he so elects, a sum equal to one-half the pay of his rating at the time he was discharged, to be paid to him quarterly, under the direction of the Commissioner of Pensions; and applications for such pensions shall be made to the Secretary of the Navy, who, upon being satisfied that the applicant comes within the provisions of this act, shall certify the same to the Commissioner of Pensions and such certificate shall be his warrant for making payment as herein authorized."

3786. Section 4757 of the Revised Statutes, amended by act of December 23, 1886, provides that "Every disabled person who has served in the Navy or Marine Corps as an enlisted man or as an appointed petty officer, or both, for a period of not less than 10 years, and not been discharged for misconduct, may apply to the Secretary of the Navy for aid from the surplus income of the Navy pension fund; and the Secretary of the Navy is authorized to convene a board of not less than three naval officers, one of whom shall be a surgeon, to examine into the condition of the applicant, and to recommend a suitable amount for his relief and for a specified time and upon the approval of such recommendation by the Secretary of the Navy, and certificate thereof to the Commissioner of Pensions, the amount shall be paid in the same manner as is provided in the preceding section for the payment to persons disabled by long service in the Navy; but no allowance so made shall exceed the rate of a pension for full disability corresponding to the grade of the applicant, nor, if in addition to a pension, exceed one-fourth the rate of such pension."

3787. Upon the approval of the recommendation of the board by the Secretary of the Navy, he shall certify the same to the Commissioner of Pensions. and such certificate is the commissioner's authority for making payment to the applicant.

3788. Pensions granted under sections 4756 and 4757 of the Revised Statutes are wholly under the control of the Secretary of the Navy, to whom application should be made.

3789. Pensions granted under sections 4756 and 4757 of the Revised Statutes commence from the date of the filing of the application in the Navy Department.

3790. When a sailor or marine is pensioned under the provisions of section 4756 of the Revised Statutes, and where he has also established a claim for pension under the general law for disability contracted in the service and in the line of duty, or under the act of June 27, 1890, a certificate consolidating such pensions is issued, and he is entitled to receive the allowance granted under section 4756, Revised Statutes, in addition to the pension granted him by the Pension Office, either under the general law or under the act of June 27, 1890.

3791. Whenever the Secretary of the Navy certifies to the Pension Office, under the provisions of section 4757, Revised Statutes, that a person who has served 10 years in the Navy or Marine Corps is entitled to aid from the surplus income of the Navy pension fund, in addition to a pension granted by the Pension Office, either under the general law or under the act of June 27, 1890, a certificate covering both allowances is issued by the Pension Office.

3792. Under the provisions of sections 4756 and 4757 of the Revised Statutes it is not necessary for applicants to prove the fact of the incurrence of disabilities in the line of duty. The law requires them to show only that their record complies with the provisions contained in these sections as to the length of time they shall have served, and that during their service they have not been discharged for misconduct.

3794. The pension agent, at the end of each quarter, forwards to the pay officer of the home a check covering the amount of the stopped pensions. This

check is forwarded by the paymaster in his next quarterly returns to the Auditor for the Navy Department, by whom it is deposited to the credit of the Navy pension fund.

3795. If a pensioner under section 4756 of the Revised Statutes presents himself for reenlistment and is rejected, but his disqualification is waived by the department, his pension during his enlistment is suspended, but is restored to him at the date of his discharge. If a pensioner presents himself for reenlistment and is found physically qualified for service, his pension terminates and upon his discharge from the service it is necessary for him in order to reobtain pension to file a new application, furnishing information as to the additional service, and if his claim be allowed the rate of pension depends upon his rating when last discharged.

3796. A pension granted under the provisions of section 4757 of the Revised Statutes, for a specified time, terminates upon reenlistment.

3797. The act approved February 6, 1907, provided that any person who served 90 days or more in the military or naval service of the United States during the late Civil War or 60 days in the War with Mexico, and who has been honorably discharged therefrom, and who has reached the age of 62 years or over, shall be placed upon the pension roll, and be entitled to receive a pension as follows: In case such person has reached the age of 62 years, $12 per month; 70 years, $15 per month; 75 years or over, $20 per month: *Provided*, That pensioners who are 62 years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions may by application to the Commissioner of Pensions in such form as he may prescribe, receive the benefits of this act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special act: *Provided*, That no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this act; *Provided further*, That no person who is now receiving or shall hereafter receive a greater pension under any other general or special law than he would be entitled to receive under the provisions herein shall be pensionable under this act.

Section 7.—Pensioners in Naval Hospitals and Methods to be Employed in Effecting the Reversion of Pension Money to the Hospital Fund.

3801. The pension of a pensioner while in a naval hospital reverts to the hospital fund. Upon the admission, transfer, discharge, or death of a pensioner, the medical officer in command of the hospital should notify the Commissioner of Pensions direct, giving name of pensioner, number and character of certificate, and in case of death, the date and cause of death. Where a pensioner is discharged from a hospital between quarter days in which the quarterly installments of the pension become due, the pension due the hospital for the fraction of a quarter may be paid only at the expiration of the quarter and upon the receipt of a voucher from the pensioner to show that he is living. Should a pensioner die in hospital or after discharge with pension unpaid for a period that he was in hospital, said unpaid pension is not subject to claim under section 4813, Revised Statutes (reversion to hospital fund), as pension accrued to pensioner's death is payable only to his widow, or minor children, or as reimbursement on expenditure from private funds on account of his last sickness and burial in case of insufficiency of his estate, as provided by the act of March 2, 1895 (28 S. L., 964). In cases where one-half of pension has been made payable to pensioner's wife or the guardian of his children under the act of March 3, 1899 (30 S. L., 1379), only the one-half of pension remaining to the pensioner is subject to claim under section 4813, Revised Statutes. The pension certificate should be taken up by the officer in command upon the pensioner's admission to the hospital and retained in his possession while the pen-

sioner remains in the hospital, and in case of the pensioner's death in the hospital it should be transferred to the Commissioner of Pensions with a statement of date and cause of death.

3802. Payments will be made by check, drawn upon an Assistant Treasurer of the United States, upon vouchers or certificates of the medical officer in command of the hospital presented to the pension agent on whose roll the pensioner's name is inscribed, setting forth the pensioner's name and certificate number, the rate and amount of the pension, and the period or periods covered by the pension during which he was in receipt of the benefits of the hospital, and any intervening period or periods of absence on furlough or otherwise by dates of commencement and termination. Checks are made payable to the medical officer in command and should be indorsed over to the pay officer of the stations.

3803. Cases may be met with in which the pensioner has two certificates representing concurrent allowances of disability pension and money benefit from the Navy pension fund for 20 or 10 years' service under the act of March 2, 1867 (secs. 4756, 4757, R. S.) Such issues do not differ from single issues in the matter of payment except that two vouchers are required.

3804. The vouchers in each case will be prepared and forwarded by the pension agent charged with the payment, under instructions to be given by the Commissioner of Pensions upon his receipt on information of the pensioner's admission to the hospital.

3805. Statements of admission and discharge of pensioners made to the Commissioner of Pensions and other communications concerning payment of pensions addressed to the Commissioner of Pensions, should bear the words "Finance Division" in the lower left-hand corner of the envelope, and for convenience in filing, each case should be made the subject of a separate communication with the name and number of the pension certificate in each instance, for the purposes of identification.

3806. The Comptroller of the Treasury, May 12, 1913, rendered a decision to the effect that the relief or money benefit authorized under section 4757, Revised Statutes, is not a pension, nor is to be considered in lieu of pension, and therefore not subject to the provisions of general pension laws, such as are contained in section 4813, relating to the pensions of pensioners while in a naval hospital.

CHAPTER 24.

BLANK FORMS.

Section 1.—Navy Regulations and Naval Instructions Relating to Blank Forms.

3901. Requisitions for medical supplies on prescribed forms. I 2119 (1–5).
3902. Return of property. I 3255.
3903. Transfer of medical stores. I 2118 (4–5).
3904. Medical outfit when going out of commission. I 2124.
3905. Transfer of stores. I 2125.
3906. Responsibility for value of surgical instruments, etc. I 3255 (3).
3907. Weekly report of sick. I 3238.
3908. Daily report of sick. I 2107.
3909. Statistical report of sick. I 3254.
3910. Order of survey. R 361.
3911. Report of survey. R 363.
3912. Report of death. R 2963 (1–2); I 5247 (36).
3913. Special diet list. I 3233.
3914. Records of examinations. I 3201.
3915. Misconduct reports, admission and discharge. I 5247 (62); Gen. Ord. 231.

Section 2.—Instructions Relating to the Employment of Blank Forms.

3921. With the object of securing uniformity and accuracy in the preparation of the reports and returns connected with the duties of the Medical Department, the bureau has established certain blank forms and designated the specific purposes for which such forms shall be used, as follows:

3922. The following table includes a list of the forms issued by the Bureau of Medicine and Surgery:

Form B. Requisition and priced invoice.
Form B. Dental.
Form Ba. Special requisition for articles in stock but not on the supply table.
Form 4. Requisition for supplies from supply depot.
Form C. Survey of articles (supply depots only).
Form C–1. Survey of articles (supply depots only).
Form Ca. Survey of articles (all other places).
Form Ca–1. Survey of articles (all other places).
Form D. Inventory of property.
Form Da. Inventory of property (additional articles) (blank).
Form F. Quarterly abstract of patients.
Form F. Rough (cards).
Form G. Hospital ticket.
Form H. Health record: Gray, enlisted men; green, officers.
Dental record for insertion in Form H.
Form I. Weekly report of sick (hospitals and hospital ships).
Form K. Statistical report of sick.
Form K. Report of dental operations.
Form K2. Report of casualties.

Form L. Request for medical survey.
Form M. Report of medical survey.
Form N. Report of death.
Form O. Request for blank forms.
Form P. Report of operations (yearly).
Form Q. Clinical charts.
Form S. Ration notice (admission).
Form T. Ration notice (discharge).
Form V. Quarterly return of medical stores (supply depots only).
Form X. Abstract of enlistments (recruiting stations).
Form X. Rough (cards).
Bill book (hospitals).
Binnacle list.
Commissary ledger.
Hospital Corps, changes in. (N. M. S. 125682.)
Hospital Corps, personal memorandum.
Hospital Corps, examination report.
Hospital Corps, statement of qualifications prepared when examined. (N. M. S. 42022.)
Hospital Corps, subsistence report. (No. 88051) (hospitals).
Letterheads (hospitals).
Liberty list (hospitals).
Morning report of sick.
Pass book (hospitals).
Register of dead (hospitals).
Register of patients (hospitals).
Special diet (hospitals).
Telegraph blanks (hospitals).
Watch details (hospitals).
Requisition Form 1. (Original, memorandum.)[1]
Requisition Form 4. (Original, memorandum.)
Bill Form 5. (Original, memorandum.)[1]
Bill Form 6. (Original, memorandum.)[1]
Statement of cost of maintenance, naval hospitals.
Funeral expenses; gratuity pay, report of.
Misconduct report (admission).
Misconduct report (discharge).

SECTION 3.—DETAILED DESCRIPTION OF BLANK FORMS.

3931 (1). Form B.—Requisition and priced invoice.

(*a*) Form B shall be prepared semiannually and when necessary. (For hospitals on the 1st of March and September; for yards and stations on the 1st of April and October; for receiving ships and ships in reserve on the 1st of May and November. I 2119 (1); I 2120 (1).

(*b*) For cruising ships requisitions shall be prepared when necessary, but they should be submitted, if practicable, to anticipate delivery when the ship is at a convenient shipping point or at the navy yard during the repair period or when near a supply depot. I 2119 (2). Timely requisitions for supplies shall be made to cover ordinary expenditures, but they shall not be filled by purchase if it can be avoided. I 4475; I 4480; I 4654 (6); I 4657. All requisitions for supplies from ships in the fleet shall be forwarded through the commander in chief for the inspection of the fleet surgeon. (Fleet Regulations.)

(*c*) This form shall be prepared in quadruplicate, numbered in the series of the fiscal year, and marked quadruplicate first, second, third, and fourth.

(*d*) The quantities of medicines required shall correspond in amount to the packages mentioned in the supply table, and the columns "on hand" and "allowance" shall always be filled opposite the article required. I 2119 (3).

[1] Requisition Form 1 and Bill Forms 5 and 6 are for shore use only.

(*e*) After approval the third will be returned to the officer making the requisition; the fourth will be filed at the bureau; the first and second will be forwarded to the supply depot, and will accompany the stores when shipped.

(*f*) The medical officer of the supply depot filling the requisition will enter the value of each item in the proper column before forwarding the first and second to the maker of the requisition.

(*g*) Upon receipt of stores the value shall be entered on the third, and the first and second, properly receipted, shall be forwarded, the former to the supply depot and the latter to the Bureau of Medicine and Surgery.

(*h*) This form must not be altered by erasure or interlineation. If additional articles are required, requisition for such articles shall be made upon Form 4 or Form Ba.

(*i*) Stores and supplies on board in charge of other officers, if needed for the sick, may be obtained upon requisition duly approved by the commanding officer and a receipt given. I 4422.

3931 (2). Form B—dental.

(*a*) Dental requisitions will conform with (*a*) to (*c*) of the preceding paragraph.

(*b*) Requisitions for dental supplies will be regularly numbered in the medical department series of the ship or station.

(*c*) The form must not be altered by erasure, interlineation, or addition. If articles not on this form are required, requisition for same will be made on appropriate form. Such a requisition must in all instances be accompanied by an explanatory letter as to the necessity for the articles.

(*d*) Where the quantity or number of an article in a container is stipulated, requisition will always be made for the full package, e. g., burs in packages of six; carborundum points in packages of four, etc.

(*e*) After approval by the bureau the fourth is retained, the third returned to the officer making the requisition, and the first and second forwarded to a naval medical supply depot. Upon shipment of the stores from the supply depot the first and second, with value of stores entered, are forwarded to the officer making the requisition. The prices of the items and their aggregate value shall be entered on the third.

(*f*) After verification of the shipment the first, second, and third shall be duly receipted. The receipted first shall be forwarded to the supply depot filling the requisition, the receipted second forwarded to the Bureau of Medicine and Surgery, and the receipted third retained for the files of the ship or station.

(*g*) The names of expendable articles are printed in roman type and nonexpendable in italics. Nonexpendable articles that have become unfit for further use shall be surveyed and condemned before the issue of others to replace them. When a nonexpendable article is requisitioned for, the date of approved survey shall be entered as a footnote on the requisition.

3932. Form Ba. Special requisition.

(*a*) Form Ba shall be prepared in quadruplicate. It embraces a supplementary list of articles (on charge, but not included in the supply table) in store at medical supply depots. Such articles, upon approved requisitions, will be furnished if in stock.

(*b*) In the preparation of Form Ba medical officers shall be guided by the instructions relating to the preparation of requisition Form B.

3933. Form 4. Requisition for supplies.

(*a*) This form shall be used in making requisition upon the naval medical supply depots for articles not on the supply table and for articles on the supply table when only a few items are required. For articles on Form B and those not on Form B separate requisitions will be made. Requisitions from shore stations in the United States for articles not on the supply table will be made on Form 1. I 2119 (4).

(*b*) This requisition shall be made in quadruplicate, numbered and marked as noted under Form B.

(*c*) The quantities of medicines required shall correspond in amount to the packages mentioned in the supply table.

(*d*) After approval the third will be returned to the officer making the requisition; the fourth will be filed at the bureau; the first and second will be forwarded to the naval medical supply depot filling the requisition and shall accompany the stores when shipped.

(*e*) The medical officer of the supply depot filling the requisition shall enter the value of each item in the proper column before forwarding the first and second to the maker of the requisition.

(*f*) Upon receipt of stores, the value shall be entered on the third, and the first and second, properly receipted, shall be forwarded, the former to the medical supply depot furnishing the stores and the latter to the Bureau of Medicine and Surgery.

(*g*) Articles requisitioned for shall be arranged alphabetically and by classes, as indicated in the supply table.

(*h*) Requisitions for articles not on the supply table will be submitted when necessary. They must be made in quadruplicate and accompanied with an explanatory letter stating the necessity for each item required. I 2119 (5).

3934. Forms C and Ca. Surveys on medical property. See ch. 17, sec. 7.

3935. Form D, inventory of property, and Form Da, inventory of property (additional articles) (blank).

(*a*) The attention of medical officers is directed to articles I 2118; I 2124; I 2125; and I 3255, Naval Instructions, relating to the preparation of Forms D and Da, "Inventory of property," and "Inventory of property (itemized articles)." An accurate inventory down to date of all property belonging to the Medical Department of the Navy shall be kept on file at shore stations and on ships.

(*b*) An annual inventory of the nonexpendable articles on hand shall be prepared and forwarded to the Bureau of Medicine and Surgery on the 1st day of July of each year.

(*c*) Use typewriter when practicable, enter items on Form Da only; number each sheet and enter name of station or ship thereon; arrange articles alphabetically and by classes (a) on ships and shore stations other than hospitals, to conform with the arrangement of the supply table, and (b) at hospitals, in accordance with departments indicated in the hospital bill book; each sheet to be headed with the name of the hospital department and number of bill-book column concerned, and a subhead, if necessary, to locate definitely the property, e. g., furniture, etc., staff quarters, bill-book column 17, House "A"; furniture and furnishings, bill-book column 34, isolation building, etc.

(*d*) When the inventory has been completed, arrange the sheets in numerical order, face the inventory with Form D properly prepared, and fasten the whole securely before forwarding.

(*e*) When property is transferred from one medical officer to another, the preparation of an itemized inventory is not required, but the receiving officer should satisfy himself that the articles on hand correspond with the inventory on file before receipting for same. The statement that the property has been received shall be accomplished in quadruplicate—one copy to be retained by each medical officer, one copy filed with the records of the ship or station, and one copy forwarded to the Bureau of Medicine and Surgery.

(*f*) Medical outfits for ships in commission shall be furnished from a supply depot. At naval stations where there is no supply depot the medical officer of the navy yard shall have charge of all medical supplies for ships fitting out, for ships going out of commission, or received from ships arriving at the yard. R 4623. When medical supplies are transferred from one ship or station to another, invoices and receipts in triplicate must be prepared, approved by the senior officer, and disposed of in the same manner as though at a navy yard.

(*g*) When a medical officer or hospital corpsman in charge of public property is detached before the arrival of a relief he should transfer all medical property to his commanding or other responsible officer and take a receipt therefor.

(*h*) When a ship is placed out of commission the senior medical officer shall: (a) Carefully pack all medical supplies, including books and blank forms, and unless otherwise directed deliver same properly marked to the general storekeeper of the navy yard for shipment to the nearest naval medical supply depot. They shall be accompanied by an accurate inventory in triplicate, made out in order of the supply table. The inventory shall be signed by the medical officer and approved by the commanding officer. I 2124. (b) Securely pack the microscopical outfits and accessories and deliver same properly marked to the general storekeeper of the navy yard for shipment by prepaid express to the medical officer in command United States Naval Medical School, Washington, D. C., and notify the latter officer by letter of the shipment. (c) Forward the Journal of the Medical Department to the Bureau of Medicine and Surgery.

(*i*) Medical officers will not be released from responsibility for the value of any nonexpendable articles unless the expenditure shall have been authorized by the bureau or a board of survey. I 3255 (3).

(*j*) The property return from ships in squadron shall be forwarded through the commander in chief, who will require the fleet surgeon to report to the bureau any instances of unauthorized expenditure of property.

3936. Form F. Quarterly abstract of patients.

(*a*) The "Quarterly abstract of patients" (Form F) shall accord with and be accompanied by Form F (rough) and the statistical report (Form K), and shall contain the names of officers and men of the Navy and Marine Corps and those of the native and insular forces on the active list only, rate, diagnosis, key letter, and sick days of every case admitted to the sick list. Retired officers and men, beneficiaries, officers and men of the Naval Auxiliary Service, and members of the Nurse Corps, shall be reported on this form but listed separately and headed "Supernumeraries," and not considered when computing the total number of sick days.

The ribbon copy of Form F when typewritten shall be forwarded to the bureau.

(*b*) This form shall be forwarded to the Bureau of Medicine and Surgery from all hospitals, hospital ships, ships, and shore stations for a whole or a fraction of the quarters ending March 31, June 30, September 30, and December 31 of each year and when a ship, hospital, or station is placed out of commission. The data required for its preparation shall be taken from rough Form F, kept for the purpose, upon which the necessary entries shall have been made from health records. If there have been no sick during the period covered by the report it shall be so stated across the face.

(*c*) The names shall be arranged in strictly alphabetical order, using additional sheets as may be necessary to contain the entries, but the pages shall not be extended by appended sheets and the record should be continuous without unnecessary spacing.

(*d*) In the preparation of Form F (rough) the following instructions shall be carefully followed:

It shall be prepared in duplicate for every case taken up for record. The original forwarded to the Bureau of Medicine and Surgery, Navy Department and the duplicate retained for office files. The data for its preparation shall be obtained from the health record. Only completed cards for cases disposed of during a quarter shall be forwarded, except for the quarter ending December 31, when all cases shall be reported and new cards shall be prepared for cases continued to next year. Completed cards shall be forwarded, accompanied by Forms F and K, for the quarters ending March 31, June 30, Septemper 30, and December 31, of each year, and when a ship is placed out of commission, or a station or hospital closed.

Supernumeraries: Cards for this class of cases shall be prepared but shall not be forwarded to the bureau except upon request.

Instructions for numbered lines:

1. Surname and Christian names in full; grade or rate, see paragraph 2241.
2. For enlisted men only. Leave blank for officers.

3. Under place give State or country if foreign born.

4. When patient is received from some other place. Otherwise leave blank.

5. Only terms found in paragraphs 2359–2361. Key letters shall be assigned for all wounds, etc., and poisons.

6. Use letters called for in the health record, and indicate remaining from last year by a ———. Origin; indicate duty by D, not duty by N D, and unknown by?

7. Use letters called for in the health record and indicate continued to next year by a ———. Record number of sick days this calendar year. In computing sick days the day of discharge but not the day of admission shall be considered a sick day. Cases taken up and disposed of the same calendar day shall not be considered or counted a sick day.

8. When patient is transferred to some other place. Otherwise leave blank. See health record under "Transferred."

10. Name of ship, station, or hospital preparing and forwarding card.

(*e*) Medical officers on duty at places from which the regular quarterly returns, Forms F and K, are not required, such as recruiting duty or detached duty of any nature, shall, when cases of illness are brought to their attention, prepare and forward rough Form F cards. A supply of cards for this purpose may be obtained upon application to the bureau.

(*f*) In the case of treatment of persons on leave from their regular ship or station the medical officer at the place to which the person is attached as well as the bureau shall be informed.

(*g*) Notation, Naval Reserve (all classes) and supernumeraries.

Officers and men of the Naval Reserve (all classes) when on active duty shall be treated in all respects, for record purposes, as officers and men of the active force of the Navy and shall be accounted for on all reports and returns as such. This also applies to National Naval Volunteers (Naval Militia) when drafted into the regular service.

In accounting for supernumeraries on Form F, under the title "Grade or rate," indicate, as far as possible, a retired officer or man by giving grade or rate followed by the letters "RET"; officers and men of the Naval Auxiliary Service by grade or rate followed by "NAS"; ex service people by the letters "EX" followed by the grade or rate previously held; members of Nurse Corps (female) by "NURSE"; members of other naval or military organizations by grade or rate followed by the nationality or other definite indication; and civilians by "CIV."

The term "SUPER" for supernumeraries in general, has not been very satisfactory to the bureau for reference purposes and by close adherence to the above or definite designations the bureau will be in possession of better information in dealing with certain cases.

3937. Form G. Hospital ticket.

(*a*) The instructions contained in articles R 3582 and I 3229 require that patients transferred to a hospital shall be accompanied upon admission by hospital tickets, approved by the commanding officer.

(*b*) In cases of emergency, patients may be admitted without a hospital ticket, but the necessity for such action shall be reported by the senior medical officer of the hospital to the commandant of the station, who shall cause the hospital ticket to be furnished.

(*c*) When the hospital ticket has been examined and the clothing checked on the list of clothing appearing on the reverse side and found correct, it shall be filed and retained until the completion of the case. Upon final disposition the effects of the patient shall be receipted for by him and the receipted ticket placed in the files.

3938. Form H. Health records. (See ch. 13.)

3939. Form I. Weekly report of sick.

(*a*) Article I 3238, Naval Instructions, specifies when and in what manner the weekly report of sick shall be prepared.

(*b*) Form I shall be prepared in triplicate on Monday of each week for the week ending the preceding Saturday, at all naval hospitals and hospital ships. One copy shall be sent to the Bureau of Medicine and Surgery, one to the commandant of the station or the commander in chief (hospital ships), and one retained for the files of the hospital, as a basis of the report for the following week. The ribbon copy of this report shall be forwarded to the bureau.

(*c*) The report shall be signed by the medical officer in command of the hospital, and shall show the number of patients:

(*aa*) Remaining at last report.
(*bb*) Admitted during the week.
(*cc*) Totals.
(*dd*) Discharged during the week.
(*ee*) Remaining.
(*ff*) Beds for officers—occupied; vacant; total.
(*gg*) Beds for enlisted men—occupied; vacant; total.

(*d*) The report shall also contain the following information in the appropriate columns:

Column 1. A., D., C., D. D., H. I., H. T., I. S., L., R., T.

Column 2. Name (surname and initials only) arranged chronologically by date of admission, officers first and underscored.

Column 3. Rank, grade, or rate.

Column 4. Disease (diagnosis).

Column 5. Where from (ship or station).

Column 6. When admitted; the date shall be expressed in figures, i. e., for July 15 make entry 7–15.

Column 7. When discharged; the date shall be expressed in figures, i. e., for July 15 make entry 7–15.

Column 8. Days in hospital.

Column 9. Condition; convalescent (C); favorable (F); serious (S); unfavorable (U).

Column 10. Probable date of fitness for duty, i. e., for July 15 make entry 7–15.

(*e*) The surname of officer patients will be underlined with red ink, and officers entered first on the report.

3940. Form K. Statistical report. (See ch. 13, sec. 3.)

3941. Form K_2. Report of casualties. (I 5222 (5)r.)

3942. Form L. Request for medical survey. (See "Surveys," ch. 17.)

3943. Form M. Report of medical survey. (See "Surveys," ch. 17.)

3944. Form N. Report (certificate) of death. (See ch. 13, sec. 14.)

3945. Form O. Request for blank forms.

Form O contains a list of forms employed in the Medical Department of the Navy. Whenever blank forms are required, medical officers shall submit to the naval medical supply depot, Brooklyn, N. Y., such request on Form O, designating the particular forms required by an X sign, and stating the number required.

3946. Form P. Report of surgical operations.

(*a*) One copy shall be submitted to the Bureau of Medicine and Surgery annually, for the year ending December 31, and when a ship, station, yard, or hospital is placed out of commission.

(*b*) All operations shall be reported except those of a very trivial nature. The form shall be kept posted to date that data may be obtained by the bureau at any time. The data required in each column will be stated in brief, and each case will be separated from the preceding one by a line.

(*c*) When an operation is performed for a single condition and its immediate complication, one operation only shall be recorded, but when several operations have been performed for distinct conditions, each operation must be recorded separately; e. g., inguinal hernia, varicocele, and varicose veins of leg all performed while under one general anesthetic should appear on Form P as three distinct operations, giving the information required in each column.

(*d*) Column 1. Give initials and grade or rate of patient. See paragraph 2241 (*b*), also date of operation, as follows:

FHR.
Y-1.
7-10.

Column 2. Use the terms of the nomenclature and state location when not covered by title.

Column 3. State the character or the name of the operation.

Column 4. Use the following terms in describing the result: C, cured; DD, died; I, improved; T, transferred; U, unimproved; and use no other terms in this column.

Column 5. Give the name of the anesthetic employed and the method used if other than ordinary.

Column 6. Under "Remarks" note only unusual complications, and in the case of death give direct cause regardless of the operation.

3947. Form Q. Clinical chart.

(*a*) Form Q shall be kept in such cases as in the judgment of the medical officer may require it. It shall contain a record of the temperature, pulse, respiration, and a microscopical examination and a chemical examination of the urine, etc.

3948. Form S. Ration notice (admission). See I 3234; I 4552 (Civil employees: See par. 1276).

The day from which subsisted as shown by the ration notice of admission shall be the day following the actual entry of the patient into the hospital.

3949. Form T. Ration notice (discharge).

(*a*) When a patient is discharged from a hospital a ration notice shall be forwarded, as directed upon the entry of a patient.

(*b*) The last day subsisted in the hospital, as shown by the ration notice of discharge, shall be the day upon which the patient leaves the hospital.

3950. Form V. Quarterly return of medical stores.

(*a*) Form V is only used in the preparation of returns from naval medical supply depots.

(*b*) Unless otherwise required it shall be prepared and forwarded at the end of each quarter to the Bureau of Medicine and Surgery and shall be signed by the medical officer in command of the naval medical supply depot responsible for the stores.

(*c*) The form shall show total receipts and total expenditures of all medical stores, the articles received and expended being classified in the order in which they appear on the Supply Table of the Medical Department of the Navy.

3951. Form X. Abstract of enlistments, and Form X (rough).

(*a*) No Form X is required in the case of an officer.

(*b*) Form X shall be prepared from the "Form X (rough)" kept for the purpose, and will be forwarded from receiving ships, Navy and Marine Corps recruiting stations, and marine recruit depots for the quarters ending March 31, June 30, September 30, and December 31, from other ships, stations, or yards for the year ending December 31, or when a ship is placed out of commission or a recruiting or other station closed.

(*c*) A copy shall be retained for ship or station files. If there have been no applicants, the report should be forwarded, and this fact so stated in the spaces opposite "Navy" and "Marine Corps."

(*d*) Central recruiting stations shall include in their report the substations and traveling parties coming under their jurisdiction.

(*e*) Medical officers of ships, naval stations, or yards making examinations for ships or stations to which no medical officer is assigned shall include these cases in their reports.

(*f*) Form X (rough) shall be prepared for each applicant examined, whether accepted or rejected, original or reenlistment, and will be kept for the purpose of preparing Form X. It shall be retained for ship or station files and shall be filed alphabetically, by calendar years, according to the applicant's surname, in

order that information may be furnished the bureau upon request. The examiner should be careful to strike out the terms not to be used.

(*g*) Marine recruit depots shall distinguish between "Accepted applicants" transferred from recruiting stations to the depot and those applying originally at the depot by making the proper entry in the space provided on this form.

(*h*) Previous Army service shall not be considered a reenlistment. A candidate for enlistment in general service with previous service in the insular force shall be returned as an enlistment, not a reenlistment.

Previous Navy or Marine Corps service shall be considered a reenlistment in the Navy, and previous Navy or Marine Corps service shall be considered a reenlistment in the Marine Corps, so far as it applies for use in the preparation of this form.

3953. Changes in Hospital Corps (N. M. S. 125682); Medical officer prepares this form (mailing card) for signature of commanding officer, to be forwarded direct to Surgeon General, immediately upon enlistment, transfer, death, desertion, change of rating (except when such change occurs within the Hospital Corps itself, such as from hospital apprentice, second class, to hospital apprentice, first class), or discharge for any cause (except expiration of enlistment) of each Hospital Corpsman attached to his ship or station. (Navigation Circular Letter, Mar. 8, 1913.)

3954. Form N. M. S. No. 42022 is prepared by medical officer under whom candidate is serving and forwarded to examining board and Bureau of Medicine and Surgery whenever members of Hospital Corps are examined for promotion to ratings of pharmacist's mate first class or chief pharmacist's mate.

SECTION 4.—MISCELLANEOUS FORMS.

3961. Special diet list (hospitals).

(*a*) In filling out the special diet list medical officers shall be governed by the instructions contained in articles I 3232, I 3233, Naval Instructions, relating to diet tables and special diet lists.

(*b*) The special diet list shall be prepared every morning by the medical officer in charge of the ward. When there are two or more medical officers in charge of patients they shall use the same blank, in each case filling in the blank opposite the names of the patients under their charge. They will endeavor, as far as possible, to secure uniformity in the orders for the day so as to avoid unnecessary cooking. The special diet list shall always be filled by the medical officer and never by the nurses. It will include the dinner and supper of the day when made out and the breakfast of the following day. As occasion demands, articles in addition to those contained on the list may be employed.

3962. Pay roll. (Form No. 84, Bureau Supplies and Accounts.)

In the preparation of the pay roll for civil employees, medical officers shall be governed by the following instructions:

(*a*) The pay roll is used at all naval hospitals and naval stations in the payment of civil employees under the jurisdiction of the Bureau of Medicine and Surgery.

(*b*) Such numbers of copies shall be made, and at such times, as may be required for payments, in addition to which one copy shall be forwarded to the bureau and one copy retained at the hospital or station.

(*c*) No vacant spaces should be left between names on the pay roll, and the unused spaces below the last entry should be ruled diagonally across the page, the roll footed up, and the total placed in the space provided at the bottom of the roll.

(*d*) This roll will not be signed, receipts being taken only when payment is made by the pay officer in person, or by his deputy, and in cash—that is, currency—and the delivery of such receipts is simultaneous with the payment.

(*e*) When payment is made by check no receipt will be required or taken, but the check number, date, and amount, and the depository on whom drawn, will be shown in the column "Remarks."

(*f*) Clerks will give individual receipts for payments in cash—that is, currency—on the same form as provided for mechanics and laborers, except that their signatures need not be attested.

(*g*) When services are rendered in the District of Columbia, add to the certificates the following: "And that the full period of service covered by this roll expired prior to the actual signing of the receipts."

(*h*) The employment of laborers, skilled and unskilled, at naval hospitals is not subject to the provisions of the civil-service rules or navy-yard regulations, in view of the provisions of Executive order of June 13, 1905. (Navy Yard Order No. 541; revised June 23, 1905.)

3963. Efficiency report (U. S. Naval Hospital Corps) (Bur. M. and S.).

This report shall be forwarded through official channels to the Bureau of Navigation, for transmission to the Bureau of Medicine and Surgery, Navy Department, upon the transfer of any member of the Hospital Corps.

3964. Subsistence report, Hospital Corps (No. 8805). To be submitted quarterly to the bureau, in triplicate, each of the three copies to bear the actual signature of the commanding officer.

3965. Ration memoranda for commissary ledger. (N. M. S. No. 124716.)

3966. Receipt and expenditure voucher for commissary ledger. (N. M. S. No. 124716.)

3967. Morning report of patients. This report is submitted daily from each ward by the ward officer. It should contain the following information: The number of patients remaining from last report, the number admitted, the number received from other wards, discharged, died, transferred to other wards, on leave, absent over leave, and remaining in the ward, as well as the number of empty beds and the names, rates, and diseases of patients recommended for discharge to duty or for medical survey.

3968. Standing order sheet. This order sheet is designed to furnish a record of all medicines prescribed and the times of administration, whether before meals (a. c.), after meals (p. c.), every four hours (q. 4 h.), in the morning (a. m.), in the evening (p. m.), or as needed (p. r. n.).

3969. Clinical notes. This sheet is provided for recording data regarding each patient or for bedside notes, such as the character of examinations made, medicines prescribed, nourishment taken, and any pertinent remarks regarding the progress of the case that may seem desirable to record.

3970. Property accountability card. This card or memorandum slip is furnished for convenience in stating the property required for use in a ward, the articles issued, and those requiring survey. It is to be signed by the executive surgeon and by the property chief pharmacist's mate.

3971. Diet sheet. This form is prepared for the convenience of the commissary steward (pharmacist) to enable him to provide appropriate diets, both as to quality and quantity, for the hospital personnel. This sheet should contain a statement of the total number of patients, number of regular diets to be served in mess room, in wards, or in rooms, and the total number of regular, light soft, and special diets required for the day. In addition, each sheet will have entered the names of patients for whom regular, light, soft, or special diet is ordered.

3972. Misconduct report (admission and discharge). This is forwarded from hospitals and hospital ships only in case of officers and men whose absence from duty is on account of disease resulting from their own intemperate use of drugs or alcoholic liquors or other misconduct. It is forwarded to the commanding officer carrying the patient's accounts.

SECTION 5.—BUREAU OF NAVIGATION FORMS USED IN HOSPITAL.

3981. Report of the fitness of officers. (See ch. 26, sec. 4.)

3982. Blank request for leave of absence. (N. Nav. 296a.)

3984. Transfer and discharge slip. (N. Nav. Slip No. 5.)

3985. List of slips, shipping articles, and enlistment records forwarded, etc. (N. Nav. 90.)

SECTION 6.—BUREAU OF SUPPLIES AND ACCOUNTS FORMS USED IN HOSPITAL.

3991. Request for books and blanks. (S. and A. Form No. 173.)
3992. Pay roll. (Form No. 84.) (See sec. 4.)
3993. Stub requisition. (S. and A. Form 129A.)
3994. Request for transfer of labor. (S. and A. Form No. 66.)
3995. Application for leave (civil employees). (S. and A. Form No. 206c (revised).)
3996. Schedule of bills of lading. (S. and A. Form No. 68.)
3997. Bill of lading. (S. and A. Form No. 86.)
3998. Memorandum bill of lading. (S. and A. Form No. 86b.)
3999. Shipping order. (S. and A. Form No. 86d.)

SECTION 7.—SPECIAL CERTIFICATES OR FORMS SOMETIMES REQUIRED IN NAVAL HOSPITALS.

4001. Medical certificate for St. Elizabeths Hospital. (Department of Interior form.) (See ch. 18, sec. 2.)
4002. Certificates of death for civil authorities, and in some cities the following are required:
(*a*) Reports of cases of pulmonary and other communicable forms of tuberculosis, and the recovery, removal, or death of same.
(*b*) Report of contagious disease.
(*c*) Report of recovery of contagious disease.

CHAPTER 25.

MEDICAL DEPARTMENT REPORTS AND RETURNS.

SECTION 1.—NAVAL INSTRUCTIONS RELATING TO REPORTS AND RETURNS IN GENERAL.

4101. To be listed in naval instructions. I 5201 (1).

4102. Periodical returns, how authorized. I 5201 (2).

4103. Reports and returns to be reduced to the requirements of the service. I 35; I 5201 (3).

4104. Recommendations, suggestions, and reports on special subjects not to be held for annual report, but made as the subjects present themselves. I 5202 (1).

4105. Annual reports. I 5202 (2).

4106. Duplicates of reports to be so noted. I 5204.

4107. Officers required to submit reports to keep themselves supplied with necessary blanks. I 5205.

4111. SECTION 2.—REPORTS AND RETURNS FROM THE FLEET SURGEON (AND DIVISION SURGEON). (I 5214 (2)*a*).

Subject.	Blank form.	When sent.	Where sent.	How sent.	Authority in regulations or instructions.
General sanitary report	Letter form	Annually	To department (Bureau of Medicine and Surgery), 1 copy.	Through commander in chief.	I 1122 (8)
Sanitary inspection of ships.	do	When directed	Commander in chief, 1 copy.		I 1122 (3) I 5212 (2)*b*
Inspection Medical Department of ships.	do	do	do		I 1122 (2)
Inspection hospital and hospital ships.	do	do	do		I 1122 (6) I 5212 (2)*c*
Tabulated aggregate of killed and wounded after action.	Form K2	When occurring	Commander in chief	And one copy to Bureau of Medicine and Surgery via department (Division of Personnel).	I 1122 (7) I 5212 (2)*d*
Transfer of patients to and from other than U. S. naval hospitals.	Letter form	do	Bureau of Medicine and Surgery (1 copy).	Through commander in chief and fleet surgeon.	I 5212 (2)*a*

4121. SECTION 3.—REPORTS FROM THE MEDICAL OFFICER AFLOAT.

Subject.	Blank form.	When sent.	Where sent.	How sent.	Authority in regulations or instructions.
Inventory of property	Form D and Form Da.	Annually, July 1.	Bureau of Medicine and Surgery, 1 copy, and 1 copy retained.	Through commanding officer, commander in chief, and fleet surgeon.	I 5222 (5)*a*
Loose sheets, medical history of officers (except midshipmen).	Form H (green)	Annually, Jan. 1	Bureau of Medicine and Surgery.	Through commanding officer.	I 5222 (5)*b*
Report of operations	Form P	Annually, Jan. 1 (and when out of commission).	Bureau of Medicine and Surgery, 1 copy.	do	I 5222 (5)*c*
Sanitary report	Letter form	do	To department (Bureau of Medicine and Surgery), 1 copy, and 1 for fleet surgeon.	Commanding officer, commander in chief, fleet surgeon.	I 5222 (5)*d*
Requisition and priced invoice for stores listed on supply table.	Form B Form B—dental	Cruising ships, when necessary. For receiving ships and ships in reserve, May 1 and Nov. 1.	Bureau of Medicine and Surgery, 4 copies.	Through commanding officer and commander in chief.	I 5222 (5) I 5222 (5) I 2119 (2)
Abstract of patients	Form F	Mar. 31, June 30, Sept. 30, Dec. 31, and when out of commission.	Bureau of Medicine and Surgery, 1 copy.	Through commanding officer.	I 5222 (5)*f*
Statistical report	Form K	do	Bureau of Medicine and Surgery, 1 copy, and 1 copy to commander in chief (fleet surgeon).	do	I 5222 (5)*g*

SECTION 3.—REPORTS FROM THE MEDICAL OFFICER AFLOAT—Continued.

Subject.	Blank form.	When sent.	Where sent.	How sent.	Authority in regulations or instructions.
Personal memorandum for Surgeon General (receiving ships only).	Special form.....	Weekly, week ending Saturday.	Bureau of Medicine and Surgery, 1 copy.	Direct.....	I 5222 (5)*i*
Morning report of sick...	.....do.....	Daily, each morning.	To commanding officer, 1 copy.	.....do.....	I 5222 (5)*j*
Binnacle list.....	.....do.....	.....do.....	.....do.....	.....do.....	I 5222 (5)*k*
Survey on medical property.	Form Ca.....	When necessary..	Bureau of Medicine and Surgery, 2 copies.	Through commanding officer and commander in chief (fleet surgeon.	I 5222 (5)*l*
Transfer of medical stores	Form D..... Form Da.....	....do.....	Bureau of Medicine and Surgery, 1 copy. (Receiving officer and transferring officer, 1 copy each).	Commanding officer.....	I 5222 (5)*m*
Abstract of patients.....	Rough Form F...	Completed cases Mar. 31, June 30, Sept. 30, Dec. 31, and when out of commission.	Bureau of Medicine and Surgery, 1 copy; retained, 1 copy.	.....do	I 5222 (5)*n*
Hospital ticket.....	Form G.....	When necessary..	To medical officer, naval hospital, 1 copy.	Through commanding officer.	I 5222((5*o*
Health record.....	Form H (gray)...	Upon termination of enlistment, on promotion to warrant officer.	Bureau of Medicine and Surgery.	.....do.....	I 5222 (5)*p*
Do.....	Form H (green)..	Upon termination of service in each grade.	.....do.....	.....do.....	I 5222 (5)*q*

Report of casualties (after engagement).	Form K2	When necessary	Bureau of Medicine and Surgery, 1 copy; fleet surgeon, 1 copy.	Through commanding officer, commander in chief, and fleet surgeon.	I 5222 (5)*r*
Request for medical survey.	Form L	do	Division commander, commander in chief, fleet or division surgeon, senior officer present, 1 copy.	Through commanding officer.	I 5222 (5)*s*
Report of medical survey.	Form M	When necessary (by board of medical officers).	Bureau of Medicine and Surgery, 2 copies, also 1 copy for fleet surgeon.	Commanding officer, commander in chief, or senior officer present.	I 5222 (5)*t*
Report (certificate of death).	Form N	do	Bureau of Medicine and Surgery, 2 copies (officer, 1 additional copy to Bureau of Navigation).	Commanding officer, commander in chief, fleet surgeon.	I 5222 (5)*u*
Request for blank forms.	Form O	do	Supply depot, 1 copy.	Direct	I 5222 (5)*v*
Clinical charts	Form Q	do	Copies as required	Retained for files	I 5222 (5)*w*
Efficiency reports of Hospital Corpsman.		On transfer	Bureau of Medicine and Surgery.	Through commanding officer.	I 5222 (5)*y*
Recruiting statistics	Form X	When necessary. Cruising ships annually, Jan. 1; receiving ships, Mar. 31, June 30, Sept. 30, and Dec. 31.	Bureau of Medicine and Surgery, 1 copy.	do	I 5222 (5)*x*
Changes in Hospital Corps.	N. M. S., 125682	When necessary	Surgeon General direct.	For signature of commanding officer.	Circular letter, Bureau of Navigation, Mar. 8, 1913.
Examination report, Hospital Corps.	Special form	do	Bureau of Medicine and Surgery, commanding officer, 1 copy each.	Through commanding officer.	I 5222 (5)*z*

SECTION 3.—REPORTS FROM THE MEDICAL OFFICER AFLOAT—Continued.

Subject.	Blank form.	When sent.	Where sent.	How sent.	Authority in regulations or instructions.
Qualifications report, examination Hospital Corps.	N. M. S., No. 42022.	When necessary..	Examination Board and Bureau of Medicine and Surgery.	Commanding officer....	.....
Special requisition for supplies.	Form 4 and Form 4a.	.....do.....	Bureau of Medicine and Surgery, 4 copies, with explanatory letter if stores not on supply table.	.....do.....	I 5222 (5)*aa*
Transfer of patients to and from other than U. S. naval hospitals.	Letter form.....	.....do.....	Bureau of Medicine and Surgery and fleet surgeon, 1 copy each.	Through commanding officer, division commander, commander in chief.	I 5222 (5)*bb*
Report of epidemics.....	.....do.....	.....do.....	.....do.....	Through commanding officer, commander in chief, and fleet surgeon.	I 5222 (5)*cc*
Journal of Medical Department.	Special book.....	When necessary and when out of commission.	Bureau of Medicine and Surgery direct.	Direct.....	I 5222 (5)*dd*
Misconduct report (admission).	Special form.....	When necessary..	Commanding officer carrying accounts.	.....do.....	R 2902; I 5247 (62).
Misconduct report (discharge).	.....do.....	.....do.....	.....do.....	.....do.....	Do.

SECTION 4.—REPORTS AND RETURNS FROM HOSPITALS, HOSPITAL SHIPS, YARDS, AND STATIONS (EXCEPT AS NOTED).

4131. The medical officer in command of a hospital ship shall make the reports required of a medical officer in command of a hospital on shore. I 5231.

Report.	Form.	When sent.	Where sent.	How sent.	Authority in regulations or instructions.
Inventory of property	Form D and Form Da.	Annually, July 1	Bureau of Medicine and Surgery, 1 copy and 1 copy retained.	Direct (except from hospital ships, through the commander in chief and fleet surgeon).	I 5427 (1)
Loose sheets, medical history officers (except midshipmen).	Form H (green)	Annually, Jan. 1	Bureau of Medicine and Surgery.	Through commandant	I 5247 (2)
Report of operations	Form P	Annually, Jan. 1 and when out of commission.	Bureau of Medicine and Surgery, 1 copy.	Direct	I 5247 (3)
Sanitary report	Letter form	do	Department (Bureau of Medicine and Surgery).	Commandant, department.	I 5247 (5)
Special requisition for supplies (hospitals only).	Special form	Annually, before Jan. 1.	Bureau of Medicine and Surgery, 4 copies.	Through commandant	I 5247 (6)
Statement of cost of maintenance (hospitals only).	do	Annually, July 1.	Bureau of Medicine and Surgery, 2 copies.	Direct	I 5247 (7)
List of headstones for unmarked graves in naval cemetery (hospitals only).	do	do	do	do	I 5247 (8)
Merit roll of candidates for admission or promotion in Medical Corps.	Special form (from examining boards).	Semiannually, Jan. 1 and July 1.	Bureau of Medicine and Surgery, 1 copy.	Through commandant	I 5247 (9)

SECTION 4.—REPORTS AND RETURNS FROM HOSPITALS, HOSPITAL SHIPS, YARDS, AND STATIONS (EXCEPT AS NOTED)—Contd.

Report.	Form.	When sent.	Where sent.	How sent.	Authority in regulations or instructions.
Requisition and priced invoice for stores on supply table.	Form B..... Form B—dental..	Hospitals, Mar. 1 and Sept. 1; stations and yards, Apr. 1 and Oct. 1.	Bureau of Medicine and Surgery, 4 copies.	Through commandant..	I 5247 (10)
Abstract of patients.....	Form F.....	Quarterly, Mar. 31, June 30, Sept. 30, Dec. 31, and when out of commission.	Bureau of Medicine and Surgery, 1 copy.	Direct.....	I 5247 (11)
Statistical report.....	Form K.....	.....do.....	Bureau of Medicine and Surgery, 1 copy (1 copy to fleet surgeon, in case of hospital ships).	.....do.....	I 5247 (12)
Subsistence, Hospital Corps (hospitals only).	Form No. 88051...	Quarterly, Mar. 31, June 30, Sept. 30, Dec. 31.	Bureau of Medicine and Surgery, 3 copies.	.....do.....	I 5247 (13)
Efficiency report, Nurse Corps (hospitals only).	Special form.....	.....do.....	Bureau of Medicine and Surgery, 1 copy.	.....do.....	I 5247 (14)
Quarterly return of medical stores (supply depots only).	Form V.....	.....do.....	.....do.....	.....do.....	I 5247 (15)
Sanitary report (stations and yards only).	Letter form.....	Monthly, 1st day of each month.	Commandant.....	.....	I 5247 (16)
Monthly return of nurses (hospitals only).	Special form.....	.....do.....	Bureau of Medicine and Surgery, 1 copy.	Through commandant..	I 5247 (18)
Summary of pay roll (hospitals only).	Supplies and Accounts, No. 184.	.....do.....	Pay officer, 2 copies...	.....do	I 5247 (19)

Recapitulation of pay roll (hospitals only).	Bureau of Supplies and Accounts, Form No. 184a.	.....do.....	Pay officer, 1 copy...	.....do.....	I 5247 (20)
Estimate of funds (hospitals only).	Bureau of Supplies and Accounts, Form No. 144.	Monthly, not later than the 3d of each month.	.....do.....	.....do.....	I 5247 (21)
Weekly report of sick (hospitals only).	Form I.....	Weekly, week ending Saturday.	Bureau of Medicine and Surgery, 1 copy; commandant, 1 copy.	.....do.....	I 5247 (23)
Personal memorandum for Surgeon General (hospitals and training stations only).	Special form.....	.....do.....	Bureau of Medicine and Surgery, 1 copy.	Direct.....	I 5247 (22)
Pay roll (hospitals only).	Bureau of Supplies and Accounts, Form No. 84.	On the 8th, 15th, 23d, and last day of each month.	Pay officer, 1 copy.....	Through commandant..	I 5247 (24)
Pay roll, monthly summary.	.....do.....	Last day of month	Bureau of Medicine and Surgery, 1 copy.	Direct.....	.....
Morning report of sick (stations and yards only).	Special form.....	Daily each morning.	Commanding officer, 1 copy.	.....do.....	I 5247 (25)
Survey on medical property (supply depots only).	Form C.....	When necessary..	Bureau of Medicine and Surgery, 2 copies.	.....do.....	I 5247 (26)
Survey on medical property.	Form Ca.....	.....do.....	.....do.....	Through commandant...	I 5247 (27)
Transfer of medical stores	Form D and Form Da.	.....do.....	Bureau of Medicine and Surgery, receiving officer and transferring officer, 1 copy each.	.....do.....	I 5247 (28)
Register of patients (hospitals only).	Special book.....	When hospital is placed out of commission.	Bureau of Medicine and Surgery.	Direct.....	I 5247 (29)

SECTION 4.—REPORTS AND RETURNS FROM HOSPITALS, HOSPITAL SHIPS, YARDS, AND STATIONS (EXCEPT AS NOTED)—Contd.

Report.	Form.	When sent.	Where sent.	How sent.	Authority in regulations or instructions.
Abstract of patients (rough).	Form F (rough)	Completed cases Mar. 31, June 30, Sept. 30, Dec. 31, and when out of commission.	Bureau of Medicine and Surgery, 1 copy; retained, 1 copy.	Through commandant	I 5247 (30)
Hospital ticket	Form G	On transfer to hospital.	Medical officer of hospital.	do	I 5247 (31)
Health record	Form H (gray)	Upon termination of enlistment and promotion to warrant officer.	Bureau of Medicine and Surgery, 1 copy.	do	I 5247 (32)
Do	Form H (green)	Upon termination of service in each grade.	do	do	I 5247 (33)
Request for medical survey.	Form L	When necessary	Commandant, 1 copy		I 5247 (34)
Report of medical survey	Form M	When necessary, by board of medical officers.	Bureau of Medicine and Surgery, 2 copies.	Through commandant	I 5247 (35)
Report of death	Form N	When necessary	Bureau of Medicine and Surgery, 2 copies (3 for officer).	do	I 5247 (36)
Request for blank forms	Form O	do	Supply depot, 1 copy	Direct	I 5247 (37)
Clinical charts	Form Q	do	Retain for files		I 5247 (38)
Ration notice admission (hospitals only).	Form S	do	To pay officer (or master, for Naval Auxiliary Service), 1 copy.	Through commandant	I 5247 (39)
Ration notice discharge (hospitals only).	Form T	do	do	do	I 5247 (40)

Recruiting statistics	Form X	Annually, Jan. 1 (recruiting stations quarterly, Mar. 31, June 30, Sept. 30, and Dec. 31).	Bureau of Medicine and Surgery, 1 copy.	Through commandant or officer in charge.	I 5247 (41)
Efficiency report, Hospital Corps.	Navigation Form No. 238.	When necessary	do	Through commandant	I 5247 (42)
Examination report, Hospital Corps.	Special form	do	Bureau of Medicine and Surgery, 1 copy; commanding officer of station, 1 copy.	do	I 5247 (43)
Qualifications report, examinations, Hospital Corps.	N.M.S. No. 42022	do	Examination Board and Bureau of Medicine and Surgery.	Commanding officer	
Requisition for services or supplies (on shore).	Forms 1 and 1a	do	Bureau of Medicine and Surgery.	do	I 5247 (44)
Requisition for supplies.	Forms 4 and 4a	do	Bureau of Medicine and Surgery, 4 copies.	do	I 5247 (45)
Public bill (on shore)	Forms 5 and 5a	do	Purchasing pay officer.	Direct	I 5247 (46)
Public bill (on shore), special exigency.	Forms 6 and 6a	do	Bureau of Medicine and Surgery.	do	I 5247 (47)
Transfer of patients to and from other than U. S. naval hospitals.	Letter form	do	Bureau of Medicine and Surgery, 1 copy.	Through commandant	I 5247 (48)
Report of epidemics	do	do	do	do	I 5247 (49)
Admission and discharge of officer as patient (hospitals only).	do	do	Commandant, 1 copy		I 5247 (50)
Information slip (Nurse Corps), prepared by nurses.	Special form	do	Bureau of Medicine and Surgery, 1 copy.	Through commandant	I 5247 (51)
Retention or admission of supernumeraries (hospitals only).	Letter form	do	do	do	I 5247 (52)
Summary of requisitions shipped (supply depots only).	Special form	do	do	Direct	I 5247(53)

SECTION 4.—REPORTS AND RETURNS FROM HOSPITALS, HOSPITAL SHIPS, YARDS, AND STATIONS (EXCEPT AS NOTED)—Contd.

Report.	Form.	When sent.	Where sent.	How sent.	Authority in regulations or instructions.
Burial record (hospitals only).	Special book.....	When hospital is placed out of commission.	Bureau of Medicine and Surgery.	.....do.....	I 5247 (54)
Ambulance book (hospitals only).	.....do.....	.....do.....	.....do.....	.....do.....	I 5247 (55)
Journal of the Medical Department.	.....do.....	When placed out of commission.	.....do.....	.....do.....	I 5247 (56)
Bill book and commissary ledger.	.....do.....	When hospital is placed out of commission.	.....do.....	.....do.....	I 5247 (57)
Request for transfer of labor (hospitals only).	Supplies and Accounts. Form No. 66.	When necessary..	General storekeeper...	Through commandant..	I 5247 (58)
Stub requisition (excepted articles).	Supplies and Accounts. Form No. 129.	.....do.....	General storekeeper, 3 copies.	Direct.....	I 5247 (59)
Stub requisition.....	Supplies and Accounts. Form No. 129a.	.....do.....	.....do.....	.....do.....	I 5247 (60)
Request for books and blank S. and A. forms.	Supplies and Accounts. Form No. 173.	.....do.....	General storekeeper, 1 copy.	Through commandant..	I 5247 (61)
Reports of fitness (officers).	Special form.....	Mar. 31, Sept. 30, or when detached or transferred.	1 copy.....	Through commandant, except as provided in R 194.	R 2124, I 707, I 5241 (8)
Changes in Hospital Corps.	Mailing card N. M. S. 125682.	When necessary..	Surgeon General, direct.	For signature of commanding officer.	Circular Letter Bur. Nav., Mar. 8, 1913.
Misconduct report (admission).	Special form.....	When necessary..	Commanding officer carrying accounts.	Direct.....	R 2902; I 5247 (62)
Misconduct report (discharge.	.....do.....	.....do.....	.....do.....	.....do.....	R 2902; I 5247 (62)

CHAPTER 26.

THE GENEVA CONVENTIONS.

THE HAGUE PEACE CONFERENCES AND CONVENTIONS AND THE AMERICAN NATIONAL RED CROSS.

SECTION 1.—THE GENEVA CONVENTION OF 1864.

4201. The convention between the United States, Baden, Switzerland, Belgium, Denmark, Spain, France, Hesse, Italy, Netherlands, Portugal, Prussia, Wurttemberg, Sweden, Greece, Great Britain, Mecklenburg-Schwerin, Turkey, Bavaria, Austria, Russia, Persia, Roumania, Salvador, Montenegro, Servia, Bolivia, Chile, Argentine Republic, Peru, and Japan; with additional articles: For the amelioration of the wounded in armies in the field; concluded August 22, 1864; acceded to by the President March 1, 1882; accession concurred in by the Senate March 16, 1882; proclaimed as to the original convention, but with reserve as to the additional articles, July 26, 1882, commonly known as the Geneva Convention, is as follows:

ORIGINAL CONVENTION.

4202. ARTICLE 1. Ambulances and military hospitals shall be acknowledged to be neuter, and as such shall be protected and respected by belligerents so long as any sick or wounded may be therein.

Such neutrality shall cease if the ambulances or hospitals should be held by a military force.

4203. ART. 2. Persons employed in hospitals and ambulances, comprising the staff for superintendence, medical service, administration, transport of wounded, as well as chaplains, shall participate in the benefit of neutrality while so employed and so long as there remain any wounded to bring in or to succor.

4204. ART. 3. The persons designated in the preceding article may, even after occupation by the enemy, continue to fulfill their duties in the hospitals or ambulance which they serve, or may withdraw in order to rejoin the corps to which they belong.

Under such circumstances, when these persons shall cease from their functions, they shall be delivered by the occupying army to the outposts of the enemy.

4205. ART. 4. As the equipment of military hospitals remains subject to the laws of war, persons attached to such hospitals can not, in withdrawing, carry away any articles but such as are their private property.

Under the same circumstances an ambulance shall, on the contrary, retain its equipment.

4206. ART. 5. Inhabitants of the country who may bring help to the wounded shall be respected and shall remain free. The generals of the belligerent powers shall make it their care to inform the inhabitants of the appeal addressed to their humanity and of the neutrality which will be the consequence of it.

Any wounded man entertained and taken care of in a house shall be considered as a protection thereto. Any inhabitant who shall have entertained wounded men in his house shall be exempted from the quartering of troops as well as from a part of the contributions of war which may be imposed.

4207. ART. 6. Wounded or sick soldiers shall be entertained and taken care of, to whatever nation they may belong.

Commanders in chief shall have the power to deliver immediately to the outposts of the enemy soldiers who have been wounded in an engagement, when circumstances permit this to be done, and with the consent of both parties.

Those who are recognized, after their wounds are healed, as incapable of serving shall be sent back to their country.

The others may also be sent back on condition of not again bearing arms during the continuance of the war.

Evacuations, together with the persons under whose directions they take place, shall be protected by an absolute neutrality.

4208. ART 7. A distinctive and uniform flag shall be adopted for hospitals, ambulances, and evacuations. It must, on every occasion, be accompanied by the national flag. An arm badge (brassard) shall also be allowed for individuals neutralized, but the delivery thereof shall be left to military authority.

The flag and the arm badge shall bear a red cross on a white ground.

4209. ART. 8. The details of execution of the present convention shall be regulated by the commanders in chief of belligerent armies, according to the instructions of their respective governments and in conformity with the general principles laid down in this convention.

SECTION 2.—THE GENEVA CONVENTION OF 1868.

ADDITIONAL ARTICLES.[1]

4211. ARTICLE 1. The persons designated in article 2 of the convention shall, after the occupation by the enemy, continue to fulfill their duties, according to their wants, to the sick and wounded in the ambulance or the hospital which they serve. When they request to withdraw, the commander of the occupying troops shall fix the time of departure, which he shall only be allowed to delay for a short time in case of military necessity.

4212. ART. 2. Arrangements will have to be made by the belligerent powers to insure to the neutralized person, fallen into the hands of the army of the enemy, the entire enjoyment of his salary.

4213. ART. 3. Under the conditions provided for in articles 1 and 4 of the convention, the name "ambulance"[2] applies to field hospitals and other temporary establishments, which follow the troops on the field of battle to receive the sick and wounded.

4214. ART. 4. In conformity with the spirit of article 4 of the convention, and to the reservations contained in the protocol of 1864, it is explained that for the appointment of the charges relative to the quartering of troops and of the contributions of war account only shall be taken in an equitable manner of the charitable zeal displayed by the inhabitants.

4215. ART. 5. In addition to article 6 of the convention, it is stipulated that, with the reservation of officers whose detention might be important to the fate of arms and within the limits fixed by the second paragraph of that article, the wounded fallen into the hands of the enemy shall be sent back to their country after they are cured, or sooner if possible, on condition, nevertheless, of not again bearing arms during the continuance of the war.

ARTICLES CONCERNING THE MARINE.

4216. ART. 6. The boats which, at their own risk and peril, during and after an engagement pick up the shipwrecked or wounded, or which having picked

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[1] The additional articles now are generally accepted and have acquired the force and effect of an international treaty.

[2] This interpretation is of special importance in the United States, where the term "ambulance" is generally applied to a vehicle for the transportation of the sick and wounded.

them up, convey them on board a neutral or hospital ship, shall enjoy, until the accomplishment of their mission, the character of neutrality, as far as the circumstances of the engagement and the position of the ships engaged will permit.

The appreciation of these circumstances is intrusted to the humanity of all the combatants. The wrecked and wounded thus picked up and saved must not serve again during the continuance of the war.

4217. Art. 7. The religious, medical, and hospital staff of any captured vessel are declared neutral, and, on leaving the ship, may remove the articles and surgical instruments which are their private property.

4218. Art. 8. The staff designated in the preceding article must continue to fulfill their functions in the captured ship, assisting in the removal of the wounded made by the victorious party; they will then be at liberty to return to their country, in conformity with the second paragraph of the first additional article.

The stipulations of the second additional article are applicable to the pay and allowance of the staff.

4219. Art. 9. The military hospital ships remain under martial law in all that concerns their stores; they become the property of the captor, but the latter must not divert them from their special appropriation during the continuance of the war.

4220. Art. 10. Any merchant ship, to whatever nation she may belong, charged exclusively with removal of sick and wounded, is protected by neutrality; but the mere fact, noted on the ship's books, of the vessel having been visited by an enemy's cruiser, renders the sick and wounded incapable of serving during the continuance of the war. The cruiser shall even have the right of putting on board an officer in order to accompany the convoy, and thus verify the good faith of the operation.

If the merchant ship also carries a cargo, her neutrality will still protect it, provided that such cargo is not of a nature to be confiscated by the belligerents.

The belligerents retain the right to interdict neutralized vessels from all communication, and from any course which they may deem prejudicial to the secrecy of their operations. In urgent cases special conventions may be entered into between commanders in chief, in order to neutralize temporarily and in a special manner the vessels intended for the removal of the sick and wounded.

4221. Art. 11. Wounded or sick sailors and soldiers, when embarked, to whatever nation they may belong, shall be protected and taken care of by their captors.

Their return to their own country is subject to the provisions of article 6 of the convention, and of the additional article 5.

4222. Art. 12. The distinctive flag to be used with the national flag, in order to indicate any vessel or boat which may claim the benefits of neutrality, in virtue of the principles of this convention, is a white flag with a red cross. The belligerents may exercise in this respect any mode of verification which they may deem necessary.

Military hospital ships shall be distinguished by being painted white outside, with green strake.

4223. Art. 13. The hospital ships, which are equipped at the expense of the aid societies, recognized by the Governments signing this convention, and which are furnished with a commission emanating from the sovereign, who shall have given express authority for their being fitted out, and with a certificate from the proper naval authority that they have been placed under his control during their fitting out and on their final departure, and that they were then appropriated solely to the purpose of their mission, shall be considered neutral, as well as the whole of their staff. They shall be recognized and protected by the belligerents.

They shall make themselves known by hoisting, together with their national flag, the white flag with a red cross. The distinctive mark of their staff while performing their duties shall be an armlet of the same colors. The outer painting of these hospital ships shall be white, with red strake.

These ships shall bear aid and assistance to the wounded and wrecked belligerents, without distinction of nationality.

They must take care not to interfere in any way with the movements of the combatants. During and after the battle they must do their duty at their own risk and peril.

The belligerents shall have the right of controlling and visiting them. They will be at liberty to refuse their assistance, to order them to depart, and to detain them if the exigencies of the case require such a step.

The wounded and wrecked picked up by these ships can not be reclaimed by either of the combatants, and they will be required not to serve during the continuance of the war.

4224. ART. 14. In naval wars, any strong presumption that either belligerent takes advantage of the benefits of neutrality with any other view than the interest of the sick and wounded gives to the other belligerent, until proof to the contrary, the right of suspending the convention as regards such belligerent.

Should this presumption become a certainty, notice may be given to such belligerent that the convention is suspended with regard to him during the whole continuance of the war.

4225. ART. 15. The present act shall be drawn up in a single original copy, which shall be deposited in the archives of the Swiss Confederation.

The additional articles have been acceded to by the United States, and signed on behalf of Great Britain, Austria, Baden, Bavaria, Belgium, Denmark, France, Netherlands, North Germany, Sweden, and Norway, Switzerland, Turkey, and Wurttemberg, but will not acquire full force and effect as an international treaty until the exchange of the ratification thereof between the several contracting States shall have been effected.

SECTION 3.—THE GENEVA CONVENTION OF 1906, FOR THE AMELIORATION OF THE CONDITION OF THE WOUNDED OF THE ARMIES IN THE FIELD.

4231. Signed at Geneva, July 6, 1906.
Proclaimed August 3, 1907.

BY THE PRESIDENT OF THE UNITED STATES OF AMERICA.

A PROCLAMATION.

Whereas a convention between the United States of America and Germany, the Argentine Republic, Austria-Hungary, Belgium, Bulgaria, Chile, China, the Congo Free State, Denmark, Spain, Brazil, Mexico, France, Great Britain, Greece, Guatemala, Honduras, Italy, Japan, Luxemburg, Montenegro, Norway, the Netherlands, Peru, Persia, Portugal, Roumania, Russia, Servia, Siam, Sweden, Switzerland, and Uruguay, for the amelioration of the condition of the wounded of armies in the field, was signed at Geneva July 6, 1906, the original of which convention, being in the French language, is word for word as follows:

[Translation.]

THE SICK AND WOUNDED.

ARTICLE 1.

4232. Officers, soldiers, and other persons officially attached to armies, who are sick or wounded shall be respected and cared for, without distinction of nationality, by the belligerent in whose power they are.

A belligerent, however, when compelled to leave his wounded in the hands of his adversary shall leave with them, so far as military conditions permit, a portion of the personnel and matériel of his sanitary service to assist in caring for them.

ARTICLE 2.

4233. Subject to the care that must be taken of them under the preceding article, the sick and wounded of an army who fall into the power of the other belligerent become prisoners of war, and the general rules of international law in respect to prisoners become applicable to them.

The belligerents remain free, however, to mutually agree upon such clauses, by way of exception or favor, in relation to the wounded or sick as they may deem proper. They shall especially have authority to agree:

1. To mutually return the sick and wounded left on the field of battle after an engagement.
2. To send back to their own country the sick and wounded who have recovered, or who are in a condition to be transported, and whom they do not desire to retain as prisoners.
3. To send the sick and wounded of the enemy to a neutral state, with the consent of the latter and on condition that it shall charge itself with their interment until the close of hostilities.

ARTICLE 3.

4234. After every engagement the belligerent who remains in possession of the field of battle shall take measures to search for the wounded and to protect the wounded and dead from robbery and ill treatment.

He will see that a careful examination is made of the bodies of the dead prior to their interment or incineration.

ARTICLE 4.

4235. As soon as possible each belligerent shall forward to the authorities of their country or army the marks or military papers of identification found upon the bodies of the dead, together with a list of names of the sick and wounded taken in charge by him.

Belligerents will keep each other mutually advised of internments and transfers, together with admissions to hospitals and deaths which occur among the sick and wounded in their hands. They will collect all objects of personal use, valuables, letters, etc., which are found upon the field of battle, or have been left by the sick or wounded who have died in sanitary formations or other establishments, for transmission to persons in interest through the authorities of their own country.

ARTICLE 5.

4236. Military authority may make an appeal to the charitable zeal of the inhabitants to receive and, under its supervision, to care for the sick and wounded of the armies, granting to persons responding to such appeals special protection and certain immunities.

SANITARY FORMATIONS AND ESTABLISHMENTS.

ARTICLE 6.

4237. Mobile sanitary formations (i. e., those which are intended to accompany armies in the field) and the fixed establishments belonging to the sanitary service shall be protected and respected by belligerents.

ARTICLE 7.

4238. The protection due to sanitary formations and establishments ceases if they are used to commit acts injurious to the enemy.

ARTICLE 8.

4239. A sanitary formation or establishment shall not be deprived of the protection accorded by article 6 by the fact:

(*a*) That the personnel of a formation or establishment is armed and uses its arms in self-defense or in defense of its sick and wounded.

(*b*) That in the absence of armed hospital attendants, the formation is guarded by an armed detachment or by sentinels acting under competent orders.

(*c*) That arms or cartridges, taken from the wounded and not yet turned over to the proper authorities, are found in the formation or establishment.

PERSONNEL.

ARTICLE 9.

4240. The personnel charged exclusively with the removal, transportation, and treatment of the sick and wounded, as well as with the administration of sanitary formations and establishments, and the chaplains attached to armies, shall be respected and protected under all circumstances. If they fall into the hands of the enemy they shall not be considered as prisoners of war.

These provisions apply to the guards of sanitary formations and establishments in the case provided for in section 2 of article 8.

ARTICLE 10.

4241. The personnel of volunteer aid societies, duly recognized and authorized by their own governments, who are employed in the sanitary formations and establishments of armies, are assimilated to the personnel contemplated in the preceding article, upon condition that the said personnel shall be subject to military laws and regulations.

Each State shall make known to the other, either in time of peace or at the opening, or during the progress of hostilities, and in any case before actual employment, the names of the societies which it has authorized to render assistance, under its responsibility, in the official sanitary service of its armies.

ARTICLE 11.

4242. A recognized society of a neutral State can only lend the services of its sanitary personnel and formations to a belligerent with the prior consent of its own Government and the authority of such belligerent. The belligerent who has accepted such assistance is required to notify the enemy before making any use thereof.

ARTICLE 12.

4243. Persons described in articles 9, 10, and 11 will continue in the exercise of their functions, under the direction of the enemy, after they have fallen into his power.

When their assistance is no longer indispensable they will be sent back to their army or country within such period and by such route as may accord with military necessity. They will carry with them such effects, instruments, arms, and horses as are their private property.

ARTICLE 13.

4244. While they remain in his power, the enemy will secure to the personnel mentioned in article 9 the same pay and allowances to which persons of the same grade in his own army are entitled.

MATÉRIEL.

ARTICLE 14.

4245. If mobile sanitary formations fall into the power of the enemy, they shall retain their matériel, including the teams, whatever may be the means of transportation and the conducting personnel. Competent military authority, however, shall have the right to employ it in caring for the sick and wounded. The restitution of the matériel shall take place in accordance with the conditions prescribed for the sanitary personnel, and, as far as possible, at the same time.

ARTICLE 15.

4246. Buildings and matériel pertaining to fixed establishments shall remain subject to the laws of war, but can not be diverted from their use so long as they are necessary for the sick and wounded. Commanders of troops engaged in operations, however, may use them, in case of important military necessity, if before such use the sick and wounded who are in them have been provided for.

ARTICLE 16.

4247. The matériel of aid societies admitted to the benefits of this convention, in conformity to the conditions therein established, is regarded as private property and, as such, will be respected under all circumstances, save that it is subject to the recognized right of requisition by belligerents in conformity to the laws and usages of war.

CONVOYS OF EVACUATION.

ARTICLE 17.

4248. Convoys of evacuation shall be treated as mobile sanitary formations subject to the following special provisions:

1. A belligerent intercepting a convoy may, if required by military necessity, break up such convoy, charging himself with the care of the sick and wounded whom it contains.

2. In this case the obligation to return the sanitary personnel, as provided for in article 12, shall be extended to include the entire military personnel employed, under competent orders, in the transportation and protection of the convoy.

The obligation to return the sanitary matériel, as provided for in article 14, shall apply to railway trains and vessels intended for interior navigation which have been especially equipped for evacuation purposes, as well as to the ordinary vehicles, trains, and vessels which belong to the sanitary service.

Military vehicles, with their teams, other than those belonging to the sanitary service, may be captured.

The civil personnel and the various means of transportation obtained by requisition, including railway matériel and vessels utilized for convoys, are subject to the general rules of international law.

DISTINCTIVE EMBLEM.

ARTICLE 18.

4249. Out of respect to Switzerland the heraldic emblem of the red cross on a white ground, formed by the reversal of the Federal colors, is continued as the emblem and distinctive sign of the sanitary service of armies.

ARTICLE 19.

4250. This emblem appears on flags and brassards as well as upon all matériel appertaining to the sanitary service, with the permission of the competent military authority.

ARTICLE 20.

4251. The personnel protected in virtue of the first paragraph of article 9, and articles 10 and 11, will wear attached to the left arm a brassard bearing a red cross on a white ground, which will be issued and stamped by competent military authority, and accompanied by a certificate of identity in the case of persons attached to the sanitary service of armies who do not have military uniform.

ARTICLE 21.

4252. The distinctive flag of the convention can only be displayed over the sanitary formations and establishments which the convention provides shall be respected, and with the consent of the military authorities. It shall be accompanied by the national flag of the belligerent to whose service the formation or establishment is attached.

Sanitary formations which have fallen into the power of the enemy, however, shall fly no other flag than that of the Red Cross so long as they continue in that situation.

ARTICLE 22.

4253. The sanitary formations of neutral countries which, under the conditions set forth in article 11, have been authorized to render their services, shall fly, with the flag of the convention, the national flag of the belligerent to which they are attached. The provisions of the second paragraph of the preceding article are applicable to them.

ARTICLE 23.

4254. The emblem of the red cross on a white ground and the words Red Cross or Geneva Cross may only be used, whether in time of peace or war, to protect or designate sanitary formations and establishments, the personnel and matériel protected by the convention.

APPLICATION AND EXECUTION OF THE CONVENTION.

ARTICLE 24.

4255. The provisions of the present convention are obligatory only on the contracting powers, in case of war between two or more of them. The said provisions shall cease to be obligatory if one of the belligerent powers should not be signatory to the convention.

ARTICLE 25.

4256. It shall be the duty of the commanders in chief of the belligerent armies to provide for the details of execution of the foregoing articles, as well as for unforeseen cases, in accordance with the instructions of their respective Governments, and conformably to the general principles of this convention.

ARTICLE 26.

4257. The signatory Governments shall take the necessary steps to acquaint their troops, and particularly the protected personnel, with the provisions of this convention and to make them known to the people at large.

REPRESSION OF ABUSES AND INFRACTIONS.

ARTICLE 27.

4258. The signatory powers whose legislation may not now be adequate engage to take or recommend to their legislatures such measures as may be necessary to prevent the use, by private persons or by societies other than those upon which this convention confers the right thereto, of the emblem or name of the Red Cross or Geneva Cross, particularly for commercial purposes by means of trade-marks or commercial labels.

The prohibition of the use of the emblem or name in question shall take effect from the time set in each act of legislation, and at the latest five years after this convention goes into effect. After such going into effect, it shall be unlawful to use a trade-mark or commercial label contrary to such prohibition.

ARTICLE 28.

4259. In the event of their military penal laws being insufficient, the signatory Governments also engage to take, or to recommend to their legislatures, the necessary measures to repress, in time of war, individual acts of robbery and ill treatment of the sick and wounded of the armies, as well as to punish, as usurpations of military insignia, the wrongful use of the flag and brassard of the Red Cross by military persons or private individuals not protected by the present convention.

They will communicate to each other through the Swiss Federal Council the measures taken with a view to such repression, not later than five years from the ratification of the present convention.

GENERAL PROVISIONS.

ARTICLE 29.

4260. The present convention shall be ratified as soon as possible. The ratifications will be deposited at Berne.

A record of the deposit of each act of ratification shall be prepared, of which a duly certified copy shall be sent, through diplomatic channels, to each of the contracting powers.

ARTICLE 30.

4261. The present convention shall become operative, as to each power, six months after the date of deposit of its ratification.

ARTICLE 31.

4262. The present convention, when duly ratified, shall supersede the convention of August 22, 1864, in the relations between the contracting States.

The convention of 1864 remains in force in the relations between the parties who signed it but who may not also ratify the present convention.

ARTICLE 32.

4263. The present convention may, until December 31, proximo, be signed by the powers represented at the conference which opened at Geneva on June 11, 1906, as well as by the powers not represented at the conference who have signed the convention of 1864.

Such of these powers as shall not have signed the present convention on or before December 31, 1906, will remain at liberty to accede to it after that date. They shall signify their adherence in a written notification addressed to the

Swiss Federal Council, and communicated to all the contracting powers by the said council.

Other powers may request to adhere in the same manner, but their request shall only be effective if, within the period of one year from its notification to the Federal council, such council has not been advised of any opposition on the part of any of the contracting powers.

ARTICLE 33.

4264. Each of the contracting parties shall have the right to denounce the present convention. This denunciation shall only become operative one year after a notification in writing shall have been made to the Swiss Federal Council, which shall forthwith communicate such notification to all the other contracting parties.

This denunciation shall only become operative in respect to the power which has given it.

In faith whereof the plenipotentiaries have signed the present convention and affixed their seals thereto.

Done at Geneva, the 6th day of July, 1906, in a single copy, which shall remain in the archives of the Swiss Confederation and certified copies of which shall be delivered to the contracting parties through diplomatic channels.

(Here follow the signatures.)

* * * * * * *

FINAL PROTOCOL OF THE CONFERENCE FOR THE REVISION OF THE GENEVA CONVENTION.

4265. The conference called by the Swiss Federal Council, with a view to revising the international convention of August 22, 1864, for the amelioration of the condition of soldiers wounded in armies in the field, met at Geneva on June 11, 1906. The powers hereinbelow enumerated took part in the conference to which they had designated the delegates hereinbelow named.

(Names of countries and delegates.)

* * * * * * *

In a series of meetings held from the 11th of June to the 5th of July, 1906, the conference discussed and framed, for the signatures of the plenipotentiaries, the text of a convention which will bear the date of July 6, 1906.

In addition, and conformably to article 16 of the convention for the peaceful settlement of international disputes, of July 29, 1899, which recognized arbitration as the most effective and at the same time most equitable means of adjusting differences that have not been resolved through the diplomatic channel, the conference uttered the following wish:

The conference expressed the wish that, in order to arrive at as exact as possible an interpretation and application of the Geneva convention, the contracting powers will refer to the Permanent Court at The Hague, if permitted by the cases and circumstances, such differences as may arise among them, in time of peace, concerning the interpretation of the said convention.

This wish was adopted by the following States:

Germany, Argentine Republic, Austria-Hungary, Belgium, Bulgaria, Chile, China, Congo, Denmark, Spain (ad referendum), United States of America, United States of Brazil, France, Greece, Guatemala, Honduras, Italy, Luxemburg, Montenegro, Nicaragua, Norway, the Netherlands, Peru, Persia, Portugal, Roumania, Russia, Servia, Siam, Sweden, Switzerland, and Uruguay.

The wish was rejected by the following States:

Corea, Great Britain, and Japan.

In witness whereof the delegates have signed the present protocol.

Done at Geneva the 6th day of July, 1906, in a single copy which shall be deposited in the archives of the Swiss Confederation and certified copies of which shall be delivered to all the powers represented at the conference.

(Signatures.)

* * * * * * *

SECTION 4.—THE HAGUE PEACE CONFERENCE OF 1899.

4271. The convention between the United States and certain powers for the adaptation to maritime warfare of the principles of the Geneva convention of August 22, 1864, signed at The Hague, July 29, 1899, and proclaimed November 1, 1901, is as follows:

4272. ARTICLE 1. Military hospital ships, that is to say, ships constructed or assigned by States specially and solely for the purpose of assisting the wounded, sick, or shipwrecked, and the names of which shall have been communicated to the belligerent powers at the beginning or during the course of hostilities, and in any case before they are employed, shall be respected and can not be captured while hostilities last.

These ships, moreover, are not on the same footing as men-of-war as regards their stay in a neutral port.

4273. ART. 2. Hospital ships, equipped wholly or in part at the cost of private individuals or officially recognized relief societies, shall likewise be respected and exempt from capture, provided the belligerent power to whom they belong has given them an official commission and has notified their names to the hostile power at the commencement of or during hostilities, and in any case before they are employed.

These ships must be furnished with a certificate from the competent authorities, declaring that they had been under their control while fitting out and on final departure.

4274. ART. 3. Hospital ships, equipped wholly or in part at the cost of private individuals or officially recognized societies of neutral countries, shall be respected and exempt from capture, if the neutral power to whom they belong has given them an official commission and notified their names to the belligerent powers at the commencement of or during hostilities, and in any case before they are employed.

4275. ART. 4 The ships mentioned in articles 1, 2, and 3 shall afford relief and assistance to the wounded, sick, and shipwrecked of the belligerents independently of their nationality.

The Governments engage not to use these ships for any military purpose.

These ships must not in any way hamper the movements of the combatants.

During and after an engagement they will act at their own risk and peril.

The belligerents will have the right to control and visit them; they can refuse to help them, order them off, make them take a certain course, and put a commissioner on board; they can even detain them, if important circumstances require it.

As far as possible the belligerents shall inscribe in the sailing papers of the hospital ships the orders they give them.

4276. ART. 5. The military hospital ships shall be distinguished by being painted white outside with a horizontal band of green about a meter and a half in breadth.

The ships mentioned in articles 2 and 3 shall be distinguished by being painted white outside with a horizontal band of red about a meter and a half in breadth.

The boats of the ships above mentioned, as also small craft which may be used for hospital work, shall be distinguished by similar painting.

All hospital ships shall make themselves known by hoisting, together with their national flag, the white flag with a red cross provided by the Geneva convention.

4277. ART. 6. Neutral merchantmen, yachts, or vessels having or taking on board sick, wounded, or shipwrecked of the belligerents, can not be captured for so doing, but they are liable to capture for any violation of neutrality they may have committed.

4278. ART. 7. The religious, medical, or hospital staff of any captured ship is inviolable, and its members can not be made prisoners of war. On leaving the

ship they take with them the objects and surgical instruments which are their own private property.

This staff shall continue to discharge its duties while necessary, and can afterwards leave when the commander in chief considers it possible.

The belligerents must guarantee to the staff that has fallen into their hands the enjoyment of their salaries intact.

4279. Art. 8. Sailors and soldiers who are taken on board when sick or wounded, to whatever nation they belong, shall be protected and looked after by the captors.

4280. Art. 9. The shipwrecked, wounded, or sick of one of the belligerents who fall into the hands of the other are prisoners of war. The captor must decide, according to circumstances, if it is best to keep them or send them to a port of his own country, to a neutral port, or even to a hostile port. In the last case, prisoners thus repatriated can not serve as long as the war lasts.

4281. Art. 10. (Excluded.)

4282. Art. 11. The rules contained in the above articles are binding only on the contracting powers in case of war between two or more of them.

The said rules shall cease to be binding from the time when, in a war between the contracting powers, one of the belligerents is joined by a noncontracting power.

* * * * * * *

4283. Art. 14. In the event of one of the high contracting parties denouncing the present convention, such denunciation shall not take effect until a year after the notification made in writing to the Netherlands Government, and forthwith communicated by it to all the other contracting powers.

This denunciation shall only affect the notifying power.

Section 5.—Convention Between Certain Powers Regarding the Exemption of Hospital Ships, in Time of War, from the Payment of all Dues and Taxes Imposed for the Benefit of the State, Signed at The Hague December 21, 1904; Proclaimed May 21, 1907.

4291. Article 1. Hospital ships, concerning which the conditions set forth in articles 1, 2, and 3 of the convention concluded at The Hague on July 29, 1899, for the adaptation to maritime warfare of the principles of the Geneva convention of August 22, 1864, are fulfilled, shall be exempted, in time of war, from all dues and taxes imposed on vessels for the benefit of the State, in the ports of the contracting parties.

4292. Art. 2. The provision of the foregoing article does not prevent the application, by means of visitation or other formalities, of fiscal or other laws in force at said ports.

4293. Art. 3. The rule laid down in article 1 is binding only on the contracting powers in case of war between two or more of them.

The said rule shall cease to be binding from the time when a noncontracting power shall join one of the belligerents in a war between contracting powers.

4294. Art. 4. The present convention, which bearing the date of this day, may be signed until the 1st of October, 1905, by the powers expressing their desire to do so, shall be ratified as soon as possible. The ratification shall be deposited at The Hague.

A procès verbal of the deposit of the ratifications shall be drawn up and a copy thereof, duly certified, shall be delivered through the diplomatic channel to all the contracting powers.

4295. Art. 5. The nonsignatory powers are permitted to adhere to the present convention after October 1, 1905.

They shall, to that end, make their adhesion known to the contracting powers by means of a written notification addressed to the Government of the Netherlands and communicated by the latter to the other contracting powers.

4296. Art. 6. In the event of one of the high contracting powers denouncing the present convention, such denunciation shall not take effect until one year after the notification made in writing to the Government of the Netherlands and immediately communicated by the latter to all the other contracting powers. This denunciation shall only affect the notifying power.

4297. *Final act.*—At the moment of proceeding to sign the convention having for its object the exemption of hospital ships in time of war in the ports of the contracting parties from all dues and taxes imposed on vessels for the benefit of the State, the plenipotentiaries signing the present act express the wish that, in view of the highly humanitarian mission of these ships, the contracting governments may take the measures necessary in order to exempt these ships within a short time also from the payment of the dues and taxes collected in their ports for the benefit of others than the State, especially those collected for the benefit of municipalities or of private companies or persons.

Section 6.—Hague Convention of October 18, 1907, for the Adaptation of the Principles of the Geneva Convention of July 6, 1906, to Maritime Warfare.

4301. Article 1. Military hospital ships, that is to say, ships constructed or assigned by States specially and solely with a view to assisting the wounded, sick, and shipwrecked, the names of which have been communicated to the belligerent powers at the commencement or during the course of hostilities, and in any case before they are employed, shall be respected, and can not be captured while hostilities last.

These ships, moreover, are not on the same footing as warships as regards their stay in a neutral port.

4302. Art. 2. Hospital ships, equipped wholly or in part at the expense of private individuals or officially recognized relief societies, shall be likewise respected and exempt from capture, if the belligerent power to whom they belong has given them an official commission and has notified their names to the hostile power at the commencement of or during hostilities, and in any case before they are employed.

These ships must be provided with a certificate from the competent authorities declaring that the vessels have been under their control while fitting out and on final departure.

4303. Art. 3. Hospital ships, equipped wholly or in part at the expense of private individuals or officially recognized societies of neutral countries, shall be respected and exempt from capture, on condition that they are placed under the control of one of the belligerents, with the previous consent of their own Government and with the authorization of the belligerent himself, and that the latter has notified their name to his adversary at the commencement of or during hostilities, and in any case before they are employed.

4304. Art. 4. The ships mentioned in articles 1, 2, and 3 shall afford relief and assistance to the wounded, sick, and shipwrecked of the belligerents without distinction of nationality.

The Governments undertake not to use these ships for any military purpose.

These vessels must in no wise hamper the movements of the combatants.

During and after an engagement they will act at their own risk and peril.

The belligerents shall have the right to control and search them; they can refuse to help them, order them off, make them take a certain course, and put a commissioner on board; they can even detain them, if important circumstances require it.

As far as possible, the belligerents shall enter in the log of the hospital ships the orders which they give them.

4305. Art. 5. Military hospital ships shall be distinguished by being painted white outside with a horizontal band of green about a meter and a half in breadth.

The ships mentioned in articles 2 and 3 shall be distinguished by being painted white outside with a horizontal band of red about a meter and a half in breadth.

The boats of the ships above mentioned, as also small craft which may be used for hospital work, shall be distinguished by similar painting.

All hospital ships shall make themselves known by hoisting, with their national flag, the white flag with a red cross provided by the Geneva convention, and further, if they belong to a neutral State, by flying at the mainmast the national flag of the belligerent under whose control they are placed.

Hospital ships which, in the terms of article 4, are detained by the enemy, must haul down the national flag of the belligerent to whom they belong.

The ships and boats above mentioned which wish to insure by night the freedom from interference to which they are entitled must, subject to the assent of the belligerent they are accompanying, take the necessary measures to render their special painting sufficiently plain.

4306. Art. 6. The distinguishing signs referred to in article 5 can only be used, whether in time of peace or war, for protecting or indicating the ships therein mentioned.

4307. Art. 7. In the case of a fight on board a warship, the sick wards shall be respected and spared as far as possible.

The said sick wards and the material belonging to them remain subject to the laws of war; they can not, however, be used for any purpose other than that for which they were originally intended, so long as they are required for the sick and wounded.

The commander, however, into whose power they have fallen may apply them to other purposes, if the military situation requires it, after seeing that the sick and wounded on board are properly provided for.

4308. Art. 8. Hospital ships and sick wards of vessels are no longer entitled to protection if they are employed for the purpose of injuring the enemy.

The fact of the staff of the said ships and sick wards being armed for maintaining order and for defending the sick and wounded, and the presence of wireless telegraphy apparatus on board, is not a sufficient reason for withdrawing protection.

4309. Art. 9. Belligerents may appeal to the charity of the commanders of neutral merchant ships, yachts, or boats to take on board and tend the sick and wounded.

Vessels responding to this appeal, and also vessels which have of their own accord rescued sick, wounded, or shipwrecked men, shall enjoy special protection and certain immunities. In no case can they be captured for having such persons on board, but, apart from special undertakings that have been made to them, they remain liable to capture for any violations of neutrality they may have committed.

4310. Art. 10. The religious, medical, and hospital staff of any captured ship is inviolable, and its members can not be made prisoners of war. On leaving the ship they take away with them the objects and surgical instruments which are their own private property.

This staff shall continue to discharge its duties while necessary, and can afterwards leave, when the commander in chief considers it possible.

The belligerents must guarantee to the said staff, when it has fallen into their hands, the same allowances and pay which are given to the staff of corresponding rank in their own navy.

4311. Art. 11. Sailors and soldiers on board, when sick or wounded, as well as other persons officially attached to fleets or armies, whatever their nationality, shall be respected and tended by the captors.

4312. Art. 12. Any warship belonging to a belligerent may demand that sick, wounded, or shipwrecked men on board military hospital ships, hospital ships belonging to relief societies or to private individuals, merchant ships, yachts, or boats, whatever the nationality of these vessels, should be handed over.

4313. ART. 13. If sick, wounded, or shipwrecked persons are taken on board a neutral warship, every possible precaution must be taken that they do not again take part in the operations of the war.

4314. ART. 14. The shipwrecked, wounded, or sick of one of the belligerents who fall into the power of the other belligerent are prisoners of war. The captor must decide, according to the circumstances, whether to keep them, send them to a port of his own country, to a neutral port, or even to an enemy port. In this last case prisoners thus repatriated can not serve again while the war lasts.

4315. ART. 15. The shipwrecked, sick, or wounded, who are landed at a neutral port with the consent of the local authorities must, unless an arrangement is made to the contrary between the neutral State and the belligerent States, be guarded by the neutral State so as to prevent their again taking part in the operations of the war.

The expenses of tending them in hospital and interning them shall be borne by the State to which the shipwrecked, sick, or wounded persons belong.

4316. ART. 16. After every engagement, the two belligerents, so far as military interests permit, shall take steps to look for the shipwrecked, sick, and wounded, and to protect them, as well as the dead, against pillage and ill-treatment.

They shall see that the burial, whether by land or sea, or cremation of the dead shall be preceded by a careful examination of the corpse.

4317. ART. 17. Each belligerent shall send, as early as possible, to the authorities of their country, navy or army, the military marks or documents of identity found on the dead and the description of the sick and wounded picked up by him.

The belligerents shall keep each other informed as to interments and transfers as well as to the admissions into hospital and deaths which have occurred among the sick and wounded in their hands. They shall collect all the objects of personal use, valuables, letters, etc., which are found in the captured ships or which have been left by the sick or wounded who died in hospital, in order to have them forwarded to the persons concerned by the authorities of their own country.

4318. ART. 18. The provisions of the present convention do not apply except between contracting powers, and then only if all the belligerents are parties to the convention.

4319. ART. 19. The commanders in chief of the belligerent fleets must see that the above articles are properly carried out; they will have also to see to cases not covered thereby in accordance with the instructions of their respective Governments and in conformity with the general principles of the present convention.

4320. ART. 20. The signatory powers shall take the necessary measures for bringing the provisions of the present convention to the knowledge of their naval forces, and especially of the members entitled thereunder to immunity, and for making them known to the public.

4321. ART. 21. The signatory powers likewise undertake to enact or to propose to their legislatures, if their criminal laws are inadequate, the measures necessary for checking in time of war individual acts of pillage and ill-treatment in respect to the sick and wounded in the fleet, as well as for punishing, as an unjustifiable adoption of naval or military marks, the unauthorized use of the distinctive marks mentioned in article 5 by vessels not protected by the present convention.

They will communicate to each other, through the Netherlands Government, the enactments for preventing such acts at the latest within five years of the ratification of the present convention.

4322. ART. 22. In the case of operations of war between the land and sea forces of belligerents, the provisions of the present convention do not apply except between the forces actually on board ship.

4323. ART. 23. The present convention shall be ratified as soon as possible.

The ratifications shall be deposited at The Hague.

The first deposit of ratifications shall be recorded in a procès verbal signed by the representatives of the powers taking part therein and by the Netherlands minister for foreign affairs.

Subsequent deposits of ratifications shall be made by means of a written notification addressed to the Netherlands Government and accompanied by the instrument of ratification.

A certified copy of the procès verbal relative to the first deposit of ratifications, of the notifications mentioned in the preceding paragraph, as well as of the instruments of ratification, shall be at once sent by the Netherlands Government through the diplomatic channel to the powers invited to the Second Peace Conference, as well as to the other powers which have adhered to the convention. In the cases contemplated in the preceding paragraph the said Government shall inform them at the same time of the date on which it received the notification.

4324. Art. 24. Nonsignatory powers which have accepted the Geneva convention of the 6th July, 1906, may adhere to the present convention.

The power which desires to adhere notifies its intention to the Netherlands Government in writing, forwarding to it the act of adhesion, which shall be deposited in the archives of the said Government.

The said Government shall at once transmit to all the other powers a duly certified copy of the notification as well as of the act of adhesion, mentioning the date on which it received the notification.

4325. Art. 25. The present convention, duly ratified, shall replace as between contracting powers, the convention of the 29th of July, 1899, for the adaptation to maritime warfare of the principles of the Geneva convention.

The convention of 1899 remains in force as between the powers which signed it, but which do not also ratify the present convention.

4326. Art. 26. The present convention shall come into force, in the case of the powers which were a party to the first deposit of ratifications, 60 days after the date of the procès verbal of this deposit, and, in the case of the powers which ratify subsequently or which adhere 60 days after the notification of their ratification or of their adhesion has been received by the Netherlands Government.

4327. Art. 27. In the event of one of the contracting powers wishing to denounce the present convention, the denunciation shall be notified in writing to the Netherlands Government, which shall at once communicate a duly certified copy of the notification to all the other powers, informing them at the same time of the date on which it was received.

The denunciation shall only have effect in regard to the notifying power, and one year after the notification has reached the Netherlands Government.

4328. Art. 28. A register kept by the Netherlands ministry for foreign affairs shall give the date of the deposit of ratifications made in virtue of article 23, paragraphs 3 and 4, as well as the date on which the notifications of adhesion (art. 24, par. 2) or of denunciation (art. 27, par. 1) have been received.

Each contracting party is entitled to have access to this register and to be supplied with duly certified extracts from it.

In faith whereof the plenipotentiaries have appended their signatures to the present convention.

Done at The Hague, the 18th of October, 1907, in a single copy, which shall remain deposited in the archives of the Netherlands Government, and duly certified copies of which shall be sent, through the diplomatic channel, to the powers which have been invited to the Second Peace Conference.

Section 7.—The American National Red Cross.

Legislation "to provide for the use of the American National Red Cross in aid of the land and naval forces in time of actual or threatened war."

4331. *Be it enacted, etc.*, That whenever in time of war, or when war is imminent, the President may deem the cooperation and use of the American

National Red Cross with the sanitary services of the land and naval forces to be necessary, he is authorized to accept the assistance tendered by the said Red Cross and to employ the same under the sanitary services of the Army and Navy in conformity with such rules and regulations as he may prescribe.

SEC. 2. That when the Red Cross cooperation and assistance with the land and naval forces in time of war or threatened hostilities shall have been accepted by the President, the personnel entering upon the duty specified in section 1 of this act shall, while proceeding to their place of duty, while serving thereat, and while returning therefrom, be transported and subsisted at the cost and charge of the United States as civilian employees employed with the said forces, and the Red Cross supplies that may be tendered as a gift and accepted for use in the sanitary service shall be transported at the cost and charge of the United States. (Approved, April 24, 1912.)

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